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ABSTRACT

This report presents results of an external review of programs at Florida State University institutions providing training in those allied health occupations which provide direct patient care. An executive summary finds that, overall, the allied health academic enterprise in the State University System is functioning well with strong student demand for programs and strong employer demand for graduates. A section on trends in allied health care notes factors of supply and distribution of allied health personnel, limitations on expansion of allied health education, curricula and specialized accreditation, and expanding roles and increased credentials. Next, system-wide issues and recommendations are offered which address; faculty appointments; faculty salaries; diversity; equipment needs; articulation with Associate of Science degrees; clinical education sites; distance learning; supply, demand and distribution of personnel; special needs for speech-language pathologists; limited access; rising career-entry credentials; faculty preparation; and faculty practice plans. The bulk of the report provides review data for each campus and program. These include the University of Florida, Florida State University, Florida A&M University, University of South Florida, Florida Atlantic University, the University of West Florida, University of Central Florida, and Florida International University. Appended are lists of consultants and university coordinators, the employer survey results, and university profiles. (Contains 21 references.) (DB)

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ALLIED HEALTH
PART I

PROGRAM REVIEW

Consultants' Report

State University System of Florida

October, 1997

BOR 96-4

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ALLIED HEALTH

PART I

PROGRAM REVIEW

Consultants' Report

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The success of any program review of this magnitude is attributable to those who developed and refined the process, those who undertook the task of self-assessment yielding printed documents to inform Board of Regents staff and the review consultants, those who served as external review consultants, and those who coordinated the activities of the site visits. To all of these individuals, I express my appreciation.

The on-site work of the Allied Health Program Review Consultants began with an orientation meeting. On behalf of all consultants, I express our appreciation to Board of Regents Staff for helping us understand the process and providing background information about the State University System of Florida. Our campus visits were facilitated by University Coordinators; for their efforts and hospitality we are thankful.

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Much of this report was prepared by the University Consultants who reviewed either a selected program on a specific campus or all allied health programs on a single campus. To the following individuals for their excellent reviews and reports, I express my sincere appreciation:

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INTRODUCTION

This Allied Health Program Review is the third such review of the State University System of Florida by the Board of Regents. The first was conducted in 1983; the second in 1988. In the 1983 review, the Program Review Team visited all of the campuses and interviewed university administrative officers, deans, department or division heads, faculty, students, alumni, employers, and clinicians who participated in the educational programs. The second review was conducted in the same format as the first except that university consultants were asked to visit and assess the clinical sites which participated in the educational process. For both of these earlier reviews, a report was prepared and specific recommendations made for strengthening specific programs.

This third Allied Health Program Review was conducted in late 1996. It differs from the earlier two reviews in several ways. First, the allied health education enterprise has grown in complexity necessitating a division of the reviews into two segments: those programs which provide direct patient care services, e.g. occupational therapy and communication disorders, and those programs which support patient care services, e.g. health services administration and health information management. This review addresses only the former. Second, this review includes physician assistant education although the review of this program was conducted in the Spring of 1996. A separate review of physical therapy education programs was similarly conducted in 1994 prompted by a need at that time for a comprehensive assessment of the capacity of these programs to meet needs in the State. Finally, this third review did not include visits to the affiliated clinical sites.

The 1996 Allied Health Program Review was conducted in accordance with procedures established by the Board of Regents (BOR). This is an exemplary process which includes self-assessment by the program under review and a site visit by external consultants to validate the findings of the self-study. Recommendations for strengthening the educational process are made by the site visitors. A significant aspect of this BOR review process is reviewing the progress made on these recommendations.

Beyond the individual program self-studies, insight about the allied health education enterprise in the State University System of Florida was garnered from a variety of resource documents, including the SUS Master Plan 1993-94 through 1997-98, a Florida Education and Training Placement Information Program (FETPIP) Study on the Outcome of Graduates in Allied Health, the Academic Degrees Program Inventory, and the BOR report "Affirmative Action: From Controversy to Clarity".

For each program under review, the University Consultant conducted a preliminary site visit and briefed the full review team prior to the full team site visit. Data were gathered through interviews with university administrative officers, deans, department chairs, faculty, students, alumni and employers. In addition, specialized teaching and research facilities supporting the programs were visited.

Self-studies and university consultants' reports were asked to evaluate progress made on recommendations from the second review in 1988. In addition, the following specific issues were identified for exploration:

1. Is there sufficient flexibility in types of faculty appointments, tenure criteria, and faculty FTE allocations to recognize the unique needs in allied health programs?

2. Are faculty salaries sufficiently competitive with the private sector to recruit and retain faculty?

3. Is there sufficient diversity among faculty and students, and are diversity issues addressed in the curricula?

4. Are equipment needs met in a manner that affords students the opportunity to learn necessary skills on up-to-date equipment?

5. What issues relating to articulation with Associate of Science programs in the community colleges need to be addressed by the allied health programs?

6. a) Is there a need for long-term agreements with the health care community regarding clinical sites?

   b) Is there a need to establish communication channels with the licensure boards for the various allied health professions?

7. What are the needs for statewide coordination in regard to distance learning?

8. What are the implications of changes in health care in the U.S. for educating students in the allied health fields?

The following report begins with an Executive Summary, a description of trends in allied health, and System-wide issues and recommendations. These are followed by a campus-by-campus and program-by-program review with specific recommendations.

EXECUTIVE SUMMARY

The 1996 Program Review in Allied Health is the third to occur within the State University System of Florida. Not all allied health programs were reviewed during this cycle; only those professions with direct patient care services were included. The process included a self-study by program faculty and site visits by external consultants. For the System as a whole, as well as for each individual allied health program, areas of strength have been identified, areas for improvement noted, and recommendations offered.

Overall, the allied health academic enterprise in the State University System of Florida is functioning well and developing in appropriate areas. Student demand for programs is strong; employer demand for the graduates is equally strong. The number of quality applicants for most programs exceeds the ability of programs to accommodate all candidates due to the specialized nature of the facilities required and limited number of clinical education sites available; hence, these programs have limited access. A lack of state-wide data regarding supply, demand, and distribution make prudent System-wide planning for expansion difficult. Consequently, a comprehensive study of these factors is recommended.

Health care delivery is changing at an unprecedented rate. Changing roles and responsibilities of allied health providers have prompted curricular revisions as well as suggested changes in the degrees to be awarded commensurate with the education required. Shortages of qualified providers to meet delivery system needs is also noteworthy, with some critical shortage areas such as public school speech-language pathologists highlighted for System-wide resolution.

In general, sufficient faculty for the allied health professions are employed to contribute to the teaching, research and service missions of each university. Faculty recruitment, however, is often difficult especially for doctorally-prepared faculty due to their scarcity nationwide and an average compensation system.

Students are well served in the professional programs. Articulation with Associate of Arts programs is the community colleges facilitates movement and advancement. Articulation is more difficult for students wishing to transfer with an Associate of Science in an allied health discipline. Progress has been made with regard to student diversity.

Distance-learning infrastructure is being developed to meet the needs of remote learners and geographically-isolated employment settings.

TRENDS IN ALLIED HEALTH

Allied health professionals are a heterogeneous group of over three million practitioners (considerably more than half of the nation's total health work force) as defined by the Association of Schools of Allied Health Professions. These health providers deliver diverse services ranging from high-level and increasingly autonomous health care functions (therapists, technologists, administrators) to supportive roles (assistants, technicians, aides). As early as 1980, employment statistics indicated that about two-thirds of allied health professionals work in non-hospital settings, i.e., nursing homes, home care, and private group practices. Clearly the academic enterprise to prepare such a large cadre of health professionals is immense. Today, more than 8,000 active programs prepare allied health practitioners. More than half of all institutions of higher education in the United States offer one or more allied health programs.

Nearly a decade has elapsed since the last allied health program review by the State University System of Florida in 1988. During these years, the allied health programs have come under close scrutiny. Beginning in 1989, when the Institute of Medicine released its study entitled Allied Health Services: Avoiding Crisis, attention has been focused on the growing demand for allied health practitioners, expanded practice opportunities, and moderate to severe shortages in the supply of allied health professionals. Subsequent studies and reports have continued these themes and added other issues to be addressed. Noteworthy among these reports are those generated by the Pew Health Professions Commission: (1) Healthy America: Practitioners for 2005: An Agenda for Action for US Professional Schools, and (2) Health Professions Education for the Future: Schools in Service to the Nation. More recently, the

National Commission on Allied Health established by the Health Professions Extension Amendments of 1992 (PL 102-408) completed its study. As charged by the Secretary of Health and Human Services, the Commission was to review and make recommendations regarding the mounting evidence that the number, mix and education of allied health personnel may be insufficient or inappropriate to meet the current and future demands of the nation's health care system. Released in 1995, the Commission's report investigated issues and presented recommendations in four areas: workplace relations, education, research, and workforce data.

Health Care Trends Affecting Allied Health Professionals

Health care reform is fundamentally changing health care practice and delivery. Spurred by the environmental factors of cost containment, patient/consumer access, and poor geographical distribution of qualified health workers, the framework of much of health care is being transformed to encouraging systems of integrated care that combine primary, specialty, and hospital services.

General trends associated with health care reform which have educational implications include new and expanding technologies requiring practitioners to possess more complex decision-making skills in some instances and enabling less highly-skilled professionals in other situations. Demographic trends point to an aging population, which will require an increased understanding of conditions affecting the elderly, and patient-care skills used in working with the elderly. A shift from acute care to community-based care is increasing the acuity levels in outpatient settings prompting more independent responsibility, less specialization, and more comprehensive service competencies. Cost containment, as the driver of economic trends use fewer resources more effectively, is sometimes in conflict with a trend for increased accountability for quality and reliance on outcomes data.

Supply and Distribution of Allied Health Personnel

In the 1989 Institute of Medicine study, Allied Health Services: Avoiding Crisis, severe shortages were noted nationally for physical therapists, radiologic technologists, medical record technologists and administrators, and occupational therapists. Other reports have noted additional allied health professions for which an employment crisis appears eminent. Included among these is the clinical laboratory field, including medical technologists, cytotechnologists, and histologic technicians for which the vacancy rate in employing institutions approaches that of the nursing vacancy rate. In the 1990 publication, Seventh Report to the President and Congress on the State of Health Personnel in the United States, declining enrollments in health professions programs and identified undeserved areas in the country are reflective of the shortages which exist in the allied health professions.

A study in the State of Florida found that the greatest problems with the recruitment and retention of allied health professionals (AHPs) in Florida's small rural hospitals were in general short supply of AHPs and difficulty in recruiting AHPs to work in rural areas. Recommendations of the study included:

- development of cross-training programs,
- recruitment of students from rural areas,
- development of rural training sites, and
- formation of networks through which rural hospitals could share the services of certain hard-to-find AHPs.

While there is evidence that shortages currently exist in many of the allied health professions, accurate and comprehensive data for a state or catchment area are rarely available. Studies to define the supply and distribution of allied health personnel are confounded by multiple practice settings, lack of complete data sets for individual professions, let alone a comprehensive data set covering multiple allied health professions, and even which disciplines should be included as "allied health". Some states, however, have risen to the daunting challenge of assessing allied health workforce, preparation and distribution, notably Georgia and North Carolina.

Allied Health Education: Limitations on Expansion

Given that shortages exist for qualified allied health professionals, it would be logical to conclude that expansion of enrollment and production occur. However, limitations exist in physical, financial and human resources. Allied health education is resource intensive, requiring specialized teaching laboratories and small student-to-faculty ratios. Recruitment of faculty, specifically doctorally-prepared faculty, is difficult in most allied health professions. Faculty recruitment difficulties are exacerbated by salary gaps that exist between practitioners and their academic counterparts. In addition, only a few institutions of higher education in the nation prepare doctoral faculty for allied health education and research roles.

A limitation to expanding allied health education deserving special comment is the requirement for clinical education sites. This important component of allied health education is rapidly becoming a scarce resource as healthcare institutions streamline their workforce to contain costs and as technical-level allied health education programs enlarge, competing for clinical education opportunities in these healthcare facilities.

Allied Health Curricula and Specialized Accreditation

Allied health education has benefitted from specialized accreditation in each of the disciplines. While this mandates additional cost, the quality of education has generally been strengthened by these activities. Accreditation also places a number of constraints on expansion, e.g. prescribed faculty-to-student ratios, and curriculum innovations, e.g. prescribed content.

Expanding Roles and Increased Credentials

In many ways, the allied health professions are "young" in their evolution. Over the past forty years, educational programs that began as certificate offerings have evolved to associate and baccalaureate degrees, baccalaureate programs have evolved to master's career-entry programs. While some of this evolution has been championed by members of a given profession to gain increased stature in the professional community through a higher credential, more often the evolution is the result of expanded practice roles and responsibilities demanding a higher level of instruction.

In summary, allied health is a complex collection of specialized providers working in an environment which is fundamentally changing. This dynamic environment mandates corresponding changes in the ways allied health professions are educated. In addition, shortages of practitioners and resource limitations to overcome these shortages pose a significant challenge to higher education institutions.

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SYSTEM-WIDE ISSUES AND RECOMMENDATIONS

The State University System of Florida can take considerable pride in the quality of the allied health academic enterprise on each of its campuses. In general, each of the allied health programs reviewed helps fulfill the defined mission of the specific campus on which it is housed. University leadership strongly support the allied health programs, recognizing the unique contribution each makes to meeting student demands and employer needs. The faculty are dedicated, committed, and productive. Curricula are well planned and delivered effectively and efficiently. Students are bright, sincere and informed. Each of the allied health programs are accredited by the appropriate specialized accreditation body and graduates perform well on licensure and certification examinations. Alumni are proud of their alma maters, and making significant contributions in their respective fields. Employers speak highly of graduates' skills and abilities, and are committed to a shared partnership with the universities to provide clinical education. For the most part, progress has been made on recommendations cited in the 1988 review.

Specifics about each of the allied health programs are contained in the following sections of this report. There are, however, some System-wide issues that deserve comment as well as some System-wide recommendations. The following text first addresses the specific program review issues cited earlier.

Faculty Appointments

While some variability exists in teaching loads, there appears to be sufficient flexibility in the types of faculty appointments and appropriate tenure criteria are in place. Some allied

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health programs that have experienced recent growth should be allowed to either fill vacant positions or add faculty FTE to ensure continued quality instruction.

Faculty Salaries

Some of the following program review reports note a need to address faculty salaries in an effort to be commensurate with discipline-specific faculty salaries at comparable institutions. Faculty salaries below the median for Southern Regional Averages pose a barrier to recruiting the best faculty and a threat to retention of highly productive faculty.

Diversity

While progress has been made in relation to diversity among faculty and students, more can be done and programs should be encouraged to develop a targeted plan to encourage greater participation of minority students. Based on comments made by current students, diversity issues are adequately addressed in most curricula.

Equipment Needs

For the most part, students have an opportunity to learn necessary skills on up-to-date equipment either during on-campus courses or as part of their clinical practica. For specific programs which are technology intensive, there needs to be a funding mechanism for amortization of current equipment.

Articulation with Associate of Science Degrees

Most programs report that articulation with Associate of Arts Degree programs from the

community colleges is working well. Occasional reports about variability in student preparation should be overcome with additional experience and communication between the universities and "feeder" community colleges. Articulation is less effective for students who earn an Associate of Science degree in a specific discipline at a community college. This articulation should be strengthened for some of the allied health disciplines, e.g. respiratory therapy and medical laboratory technology.

Clinical Education Sites

As new baccalaureate and associate degree programs in allied health are developed in the State, there is increased competition for clinical education sites. When possible, programs should establish long-term agreements as educational partners with selected institutions in the health care community. As will be noted later, a comprehensive study of supply and demand for allied health practitioners would result in the preservation of dwindling clinical education opportunities.

Distance Learning

Progress is evident in some allied health areas where distance learning has extended the universities to meet remote learner needs. For all campuses, infrastructure is being developed. Two specific needs have been cited: (1) faculty development with effective teaching techniques for distance learning; and (2) a plan to make library resources more accessible for distant learners.

Changes in Health Care Delivery

Most curricula appear to be keeping pace in a continual adjustment to meet the "moving target" of practice changes resulting from health care reform. Deliberate efforts to modify curricula are encouraged by continued dialogue with employers.

OTHER ISSUES

Supply, Demand and Distribution of Allied Health Personnel

There are no comprehensive data about the supply, demand, and distribution of allied health personnel in the State. It is important to note that allied health programs include both associate degree levels as well as baccalaureate and above. The last study of allied health supply and demand was published in 1992 by the State Board of Community Colleges and addressed only the associate degree levels. A state-wide comprehensive study of allied health supply, demand, and distribution should be completed before the next SUS master plans for allied health programs are finalized. Given the dynamics of health care delivery and the scarcity of clinical education sites, this is a critical need for prudent expansion planning.

Special Needs for Speech-Language Pathologists

Several of the universities offer career-entry Master's degree programs in Speech-Language. There exists a current critical shortage of qualified speech-language pathologists in Florida's public schools. The Florida Department of Education has

proposed the creation of a baccalaureate-level speech-language associate degree to alleviate this need. Given the current excess number of baccalaureate degree graduates in communication disorders beyond those able to be accommodated by career-entry graduate programs, this proposal would appear on the surface to have merit. However, current baccalaureate curricula do not prepare graduates for the proposed role in the public school setting. A more in-depth discussion of this issue appears on pp. 43-44. A state-wide collaborative effort is encouraged between the Department of Education and Communication Science and Disorders programs to work out a resolution for correcting the shortage of public school speech-language pathologists.

Limited Access

Nearly all of the allied health career-entry educational programs are designated limited access. Despite excess student demand, this is necessary to preserve the quality of education and specialized accreditation. For allied health programs, limited access is justified on the basis of specialized equipment and facilities on a campus, defined student-faculty ratios, and a limited number of clinical education sites available.

Rising Career-Entry Credentials

As noted earlier in the allied health trends section of this report, career-entry credentials (degrees) continue to be elevated as part of an evolutionary process and changing roles. When the Physician Assistant program was reviewed in Spring 1996, the level of education to meet expanded responsibilities in practice prompted the recommendation of

raising the degree awarded from a baccalaureate to a Master's. Similarly, the accreditation body for physical therapy released a request in November 1996 that all new physical therapy programs be at the masters-level, and existing baccalaureate programs move to the master's-level within five years. The rationale for supporting movement of audiology education to the doctoral level (AuD, Doctor of Audiology) is described in the University of Florida report. These progressions appear well substantiated and should be supported.

Allied Health Faculty Preparation

As noted earlier, recruitment of doctorally-prepared allied health faculty in some of the disciplines is very difficult. In large part, this stems from few doctoral programs nation-wide with a specific focus related to allied health. The proposed interdisciplinary PhD in Rehabilitation Science at the University of Florida is an innovative and highly appropriate solution to the critical shortage for doctorally prepared faculty in physical therapy, occupational therapy and rehabilitation counseling. This proposal should be supported.

Allied Health Faculty Practice Plans

Allied health education requires both didactic and clinical components. Faculty typically are responsible for the on-campus didactic component; preceptors in affiliated clinical settings provide the instruction in the patient-care settings. Few allied health programs have been encouraged to develop practice plans under which faculty provide a portion of the clinical precepting. Where faculty precepting is encouraged, the institution benefits

from a limited revenue stream, faculty benefit from an opportunity to keep practice skills current, and students benefit from observing their classroom instructors in practice. While practice plans are not a panacea for financial shortfalls, the benefits outweigh the risks of stretching faculty too thin, and such opportunities should be judiciously explored on many of the campuses.

SUMMARY OF RECOMMENDATIONS

System-Wide

1. Targeted strategies to encourage increased minority student participation and minority faculty employment should be planned and implemented.
2. Investigate mechanisms for articulation with selected Associate of Science allied health programs in the community colleges.
3. Conduct a state-wide comprehensive study of allied health supply, demand, and distribution before the next SUS master plan for allied health programs is finalized.
4. Facilitate a state-wide collaboration between the Department of Education and Communication Science and Disorders programs to reach a resolution for correcting the current critical shortage of public school speech-language pathologists.

University of Florida:

Department of Communication Processes and Disorders

1. The Board of Regents, acting through the administration of the University of Florida, should give some indication regarding their recognition of, and support for, programs like this one that have national recognition, active and productive research programs, and comprehensive, prestigious, and selective training programs.
2. The Department of Communication Processes and Disorders, housed in the College of Liberal Arts and Sciences, is an appropriate placement and should be retained.

3. Given the prestige of this program and the accomplishments of its faculty and staff, the salaries are dangerously low.

4. Since the number of undergraduate majors has more than tripled in the last few years, steps must be taken to ensure that the quality of undergraduate education is maintained without requiring a disproportionate share of the Department's resources.

5. The proposed AuD degree should be pursued.

6. The Department of Communication Processes and Disorders should develop a strategic plan. Such a plan should address their role in the preparation of speech-language pathologists and audiologists to serve the State. More coordination with the Department of Communicative Disorders in the College of Health Professions should be planned and developed. Both departments should work together to develop a vision, and to consider possible initiatives, related to a doctorate in speech-language pathology (SLPD), communication assistants, and specialty tracks.

Department of Rehabilitation Counseling

1. The lack of adequate space is a major concern for this Department. It would be meaningful if the Department could be involved in the relocation decision making process.

2. The students expressed an interest in meeting with the Department chairperson on a regular basis. The Department chairperson agrees that this is a good idea and will begin to hold such meetings.

3. Continue the "limited access" status for the RS program.

4. The Department, in consort with the Departments of Occupational Therapy and Physical Therapy, has completed a feasibility study for the establishment of an interdisciplinary PhD program in Rehabilitation Science. Every effort should be made to support this proposal.

Department of Occupational Therapy

1. Authorization to convert the undergraduate occupational therapy program to a professional masters degree program is recommended.
2. Support should be given for the proposed Rehabilitation Science doctoral program in collaboration with the Departments of Physical Therapy and Rehabilitation Counseling.
3. With the growth in research that will occur as an aftermath of these two recommendations, the allocation of more research space to the Department of Occupational Therapy should be considered.
4. With occupational therapy faculty in short supply and with so few holding doctoral degrees, the ability to pursue doctoral work is a major recruitment tool with which to attract and retain faculty. It is recommended that access to doctoral study by UF faculty be facilitated.
5. There is not sufficient flexibility in types of faculty appointments, tenure criteria, and faculty FTE allocations to recognize the unique needs among occupational therapy faculty. It is recommended that two faculty tracks be established: one for clinical/teaching and one for research.

6. Limited access to the Department of Occupational Therapy educational programs should be continued.

7. Finally, it is recommended that UF occupational therapy faculty members' salaries be perused in comparison to those being offered across the state and country to ensure that there is an equitable expectation.

Physician Assistant Programs

1. The academic backgrounds of core faculty should be at the master's or above level. The three core faculty who do not currently hold advanced degrees should be given the opportunity to do so. Consideration should be given to hiring an additional faculty member to offset time spent by those working on advanced degrees. The ability to do this will depend upon availability of funds and personnel.

2. Some students expressed a desire to decompress the didactic year so that they would have more time to absorb material. This may be addressed by plans to move the curriculum to the master's level and will depend upon availability of resources.

Florida State University:

Rehabilitation Services Program

1. Develop a system to collect outcome data on students, admissions, rankings, job placements, satisfaction of employers, pass rate on certification exams, etc.

2. Develop a working relationship within the University to support and enhance distance-learning activities.

3. Continue to meet ADA requirements to make facilities fully accessible to faculty and students with disabilities by the next review period.
4. Adjust Rehabilitation faculty salaries for compression and salary inequities.
5. Modify University policy and procedures to develop a research incentive by permitting faculty to fund their summer employment through contracts and grants.
6. Allocate an additional 1.2 FTE faculty hire for the Rehabilitation program of ethnic minority to work full-time academic year plus summer.
7. Utilize the University exempt policy to hire minority faculty or establish a "grow your own" program grooming a minority student for a faculty position.
8. Examine the length of time to complete the PhD program and make it possible to complete the program in less time.

Department of Communication Disorders

1. Change the name of the degree program at the undergraduate level to Communication Disorders and change the name of the degree program at the graduate level to either Communication Disorders or Speech-Language Pathology, depending on the faculty's preference.
2. Maintain the Limited Access Program designation for the undergraduate pre-professional program and return class size to 60 or less. Consider enlarging the scope and/or mission of the undergraduate program to meet the increasing demands of increasing enrollment.
3. Maintain the current M.A. program in Speech-Language Pathology. Consider increasing the size of the distance learning program to help alleviate the shortages of appropriately

educated speech-language pathologists in the public schools in Florida.

4. Enlarge the doctoral program in Speech-Language Pathology. Some suggested mechanisms are: (a) investigate the feasibility of developing interdisciplinary programs within the University; (b) increase the number of theses at the M.A. level to increase the applicant pool for the doctoral program; and (c) provide needed periodicals for new areas of research competency in the Department.

Department of Food, Nutrition and Exercise Science

1. The faculty need to pool their individual strengths to develop a departmental vision and focus.
2. The Department should be able to offer a new degree program in exercise science in addition to nutrition science in order to reflect both program areas.
3. The Department should consider offering a new combined degree in Nutrition and Fitness, focusing on health promotion. This would truly be a unique niche for this combined program.
4. The reward system for teaching and research should be re-examined to address funding for teaching assistance, reallocation of indirect cost reimbursement, funds for course release, and improving support for those applying for grants.
5. The issue of articulation with community colleges should be addressed especially as it relates to Introductory Chemistry and Introductory Nutrition.
6. Intercampus collaboration work should be encouraged and supported. Campuses within the system could form working groups to address issues of shared interests.

7. The use of distance learning should become an integral part of the program offerings.

8. Some laboratories need upgrading and resources to support them should be made available if faculty and students are to remain current in the field.

9. Faculty salaries are low compared to other departments of similar size within the Southeast. Attempt to upgrade faculty salaries.

Florida A & M University:

Occupational Therapy Program and Respiratory Therapy Program

1. The University should give the highest priority to assessing the total space requirements in relationship to the school's academic plan. Expanding existing programs and/or implementing new programs must be carefully evaluated and begun only when academic and clinical teaching space is available.

2. The school should review the articulation agreements in terms of the prerequisite requirements to ensure that the students are receiving academic instruction consistent with the professional curriculum and are advised into a curriculum pattern designed to complete their education within the prescribed four year period.

3. The advisory committees for the occupational and respiratory therapy programs should be convened on a regular basis to ensure that the academic requirements are consistent with market demands and that the students are prepared according to such demand. Further, the committee should review curriculum requirements including basic skills for graduation, especially writing competencies.

4. A high priority should be given to filling all of the vacant faculty positions. Additionally, the Assistant Dean's position should be filled, as soon as possible, to provide additional administrative support from the Dean's office to the academic programs.

5. Administration should provide more support personnel to keep pace with the increasing needs of the programs; additional faculty to support the clinical education and coordination of programs should be increased, especially for occupational therapy.

University of South Florida:

General

1. USF should explore establishing a School/Division of Allied Health Professions within the College of Arts and Sciences. This is especially timely and critical in light of the fact that a new program in Physical Therapy is on the horizon along with planning for new programs in Occupational Therapy and Therapeutic Recreation. This division/school could administratively house the current program in Clinical Laboratory Science and the departments of Rehabilitation Counseling and Communication Sciences & Disorders along with the new programs being developed. The consultants recommend that members of the USF administration visit other campuses where such programs are in operation and bring consultants to the USF campus to discuss appropriate models. Such an investigation should be done prior to establishing the location of the new Physical Therapy program.

Medical Technology

1. The program should become a 4+1 program. Students should complete their BS track in Interdisciplinary Natural Science: Clinical Laboratory Science before applying to the Medical Technology certificate program in one of the NAACLS-approved hospital programs.

Rehabilitation Counseling

1. Increase non-personnel funding to be used for faculty development in support of data analysis and travel to conferences to present scholarly papers.

Communication Sciences & Disorders

1. The undergraduate program in Communication Sciences and Disorders should become a fully recognized discipline program in CS&D rather than an Interdisciplinary Social Studies track.
2. The Department Chair should be granted funds to support additional administrative assistance. The CS&D program is of such a size and complexity that additional administrative support is warranted.

Florida Atlantic University:

Medical Technology Program

1. Review the curriculum to explore the possibility of more on-campus courses.

2. There should be a firm commitment from the Administration to support the Program adequately, if enrollment is maintained.

3. There should be laboratory space and equipment allocated exclusively to this Program.

4. Non-salary clinical faculty appointments should be provided to the many individuals from the clinical facilities who participate significantly in the Program.

5. There should be regular meetings with representatives of the clinical facilities (hopefully clinical faculty members) to discuss all aspects of the curriculum, as a group. This would provide considerable support to the Program Director in decision-making and give clinical faculty a greater sense of inclusion and participation in the Program.

6. Results of the licensure examination should be analyzed to determine if curriculum changes are desirable.

University of West Florida:

Medical Technology Program

1. Provide one additional FTE faculty and full-time clerical support.

2. Establish distance learning technology on campus and at regional/state sites.

3. Establish a community-based committee to survey other needs for health care providers.

University of Central Florida:

Cardiopulmonary Science

1. Encouragement and support should be provided by the University and College for the Program to continue to develop the track enabling Associate Degree Registered

Respiratory Therapists to complete the Baccalaureate Degree, including the delivery of the program through distance learning.

2. The Program should continually assess the availability of clinical education sites and the balance between supply and demand of graduates, to determine if an increase in enrollment is warranted.

Communicative Disorders

1. In consideration of the enrollment increases in Communicative Disorders during the past five years, the University and College should provide oversight and support to insure academic quality of the program.
2. The Program should continually strive to insure that students understand the limitations of the knowledge and skill base of baccalaureate graduates.
3. Clinical equipment to support teaching for the program should be updated.
4. The Program should be encouraged to further develop the department-operated clinic to support the teaching, research and service missions of the program.

Medical Laboratory Sciences

1. The program should continually assess the availability of clinical education sites and the balance between supply and demand of graduates, to determine if an increase in enrollment is warranted.
2. The curriculum should be reduced in length by one Summer.
3. Faculty expertise should be provided in Immunohematology.

4. Laboratory bench tools (seating) should be replaced.

Radiologic Sciences

1. The institution and College should provide encouragement and support for continuing the development of the program that enables Associate Degree Registered Radiographers to complete the BS degree including delivery through distance learning.
2. The Program should continually assess the availability of clinical education sites and the balance between supply and demand of graduates, to determine if an increase in enrollment is warranted.

Florida International University:

Department of Dietetics and Nutrition

1. Provide more office and laboratory space so that new faculty may carry out the PhD program effectively.
2. Facilitate faculty use of health sciences journals and books at the University of Miami.
3. Improve the graduation rate in the MS degree program - help to graduate at least one student per faculty member following three (3) years of enrollment in the Department.
4. Consider a project option in place of thesis for MS degree students.
5. Recruit a research faculty (already approved position) soon to enhance the quality of the PhD program.

Department of Occupational Therapy

1. Increase the number of doctorally prepared faculty.
2. Consider deleting thesis requirement for entry level master's degree.
3. Continue to support new building plans.
4. Consider developing an innovative doctoral program.
5. Consider common core for occupational therapy and physical therapy.
6. Develop articulation agreements with Associate of Science Certified Occupational Therapy Assistant (COTA) programs.
7. Actively pursue funding for an Eminent Scholar.
8. Consider offering the advanced MS via distance learning.
9. Be cautious regarding increasing undergraduate enrollment.

Department of Medical Laboratory Science

1. Seriously discuss program's future.
2. Continue to support new building plans.
3. Increase faculty collaboration.
4. Strengthen academic advising.
5. Consider adding significant clinical/research experience in the graduate curriculum.
6. Actively pursue funding for an Eminent Scholar.
7. Use information obtained in recent alumni survey to foster student achievement.
8. Develop a Departmental strategic plan.

University of Florida

Department of Communication Processes and Disorders
Programs: BS, MS, PhD Speech Pathology and Audiology

I. Program

Program Setting

The University of Florida is a public, comprehensive, research institution. It is the oldest, largest, and most prestigious of Florida's ten public universities. It is a member of the Association of American Universities, which is an organization comprised of the 60 best universities in the United States of America. As such, the programs of the University of Florida are required to make significant contributions to scholarship and research as well as to develop comprehensive educational and service programs. Thus, the mission and expectations of programs at the University of Florida are different from programs at most of the other institutions in the State University System of Florida.

Structure

The Department of Communication Processes and Disorders is structured appropriately for an academic department at the University of Florida—or any peer research institution. There is a comprehensive educational program offering doctoral, master's, and bachelor's degrees with an occasional postdoctoral researcher (although postdoctoral researchers are not as common in speech-language pathology and audiology as they are in other sciences). The faculty are heavily engaged in research and they place a high premium on research productivity as well as the impact

and creativity of their research. The Department of Communication Process and Disorders competes favorably for external funding for research. The Department is seen as a resource by speech-language pathologists and audiologists throughout the State of Florida.

Reputation

There are no reputable surveys producing a national ranking of the educational programs in speech-language pathology and audiology. Speech-language pathology and audiology are not included in the report of the National Research Council, or in the yearly surveys published by *U.S. News & World Report*.

There are approximately 230 programs in the United States offering master's training in speech-language pathology and most also include audiology. There are approximately 60 programs offering PhD degrees and an additional 50 programs offering only bachelor's training. It is clear that the University of Florida has impressive strengths across the board. Although there are no national rankings, it is estimated that the program at the University of Florida is clearly within the top 15 to 20 programs in the country. Without a national ranking, it is not clear where the program ranks within this group of top programs.

Collegiate Location of the Department

Departments of speech-language pathology and audiology are found in many different types of colleges. Most are in a college of liberal arts and sciences; however, some are in colleges of education, colleges of allied health, and colleges of communication. The speech-language pathology and audiology programs that have the most vigorous researchers, most prestigious doctoral training programs, and most selective master's training programs tend to be located in colleges of liberal arts and sciences. The faculty of the Department of Communication

versity of Florida recognize this. Although one might debate

it in different types of colleges differ, it is clear that the

feel that their department belongs in a college of liberal arts

be in one. They believe that their present college understands

engths and accomplishments.

Doctor of Audiology (D)

The self-study material lude a proposal for a Doctor of Audiology degree. This degree requires four years of ssional education after the bachelor's. The amount of clinical training would be extensive. First few years would have some didactic course work and the clinical training would increase il the fourth year which would be almost entirely clinical. The master's degree in audiolo would be dropped in favor of this four-year degree.

The proposed AuD pro n would make much more efficient use of teaching resources rogram. The extensive clinical experiences would be . It would involve oversight and coordination by tenure track ily on other clinicians in the health care community. Because ced by a four year program, even if the number of students nange would double the number of students enrolled at any one lls for a modest increase in the number of students to be uld be required (approximately two to three additional faculty per will be supplied for three years through the new Brain the other two new faculty members would be offset by the ed by the additional students.

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Audiology programs across the country are developing AuD degrees. Nationally, it is clear that this direction is being demanded by both audiology educators and practitioners. The movement is required due to the increase in services demanded by the public and the level and type of training necessary to provide these services. There is also a national movement toward a professional doctorate in speech-language pathology (SLPD). The development of this movement is somewhat behind the AuD movement. No training programs have yet to offer an SLPD yet and, at present, the Department of Communication Processes and Disorders has not considered developing an SLPD degree. However, many of the arguments driving the AuD movement could be applied to speech-language pathology practice in a health-care environment. It is coming. However, the AuD is expected to completely replace the master's in audiology. For speech-language pathology, it is expected that the K-12 schools will continue to desire practitioners trained at the masters level, so there would be a need to maintain some master's training in addition to the SLPD.

At first analysis, the AuD appears to constitute degree "creep." That is, entry level training for a profession is creeping upward. However, the situation is more complicated than that and the end result may be changes that have effects opposite from those of typical degree creep. Both audiology and speech-language pathology are in a state of flux at present. The existing models cannot meet the demand for services. Rather than attempting the very expensive solution of training more people at the master's level, programs may train fewer people, but train them to do much more—including the supervision of associates, aids, or technicians to do repetitive tasks that require less responsibility and judgment. Although a move to develop a training program for audiology associates, aids, or technicians is not explicitly tied to the present

proposal, it is implicit that as some individuals follow programs requiring increased preparation, there will need to be a parallel move to allow some individuals to follow tracks with less preparation than the master's degree. Both audiology and speech-language pathology are searching for new models. Institutions must be flexible enough to allow innovation in our training programs to better meet the needs of the public with the existing resources for training.

The present proposal for an AuD appears to be carefully developed. When one combines the resources of the Department of Communication Processes and Disorders and the Department of Communicative Disorders in the College of Health Professions, the resources are sufficient to offer the program. In fact, the AuD program would be extremely useful in strengthening the ties between these departments, which plan to offer the degree jointly. One reservation is that the AuD proposal has been developed by the audiology faculty in both departments, but not by the entire faculties of both departments. The structure and success of the AuD may have a large influence for any future SLPD proposal. All of the faculty members in both departments should have input into the development and oversight of both degrees.

The AuD degree could be offered by the Graduate College, the College of Liberal Arts and Sciences, or the College of Health Professions. Offering the AuD by the College of Health Professions is not recommended. Although oversight for the degree will be shared by both departments, it is expected that the Department of Communication Processes and Disorders (which presently offers the master's program that will be replaced) will play the more dominant role in guiding the program. The college offering the degree must be tied most directly to the department playing the dominant role in guiding the program.

Institute for the Advanced Study of the Communication Processes

All of the faculty members of the Department of Communication Processes and Disorders have appointments in the Institute for the Advanced Study of the Communication Processes (IASCP) and they do almost all of their research through IASCP. They form the bulk of the investigators in the IASCP. One might ask whether IASCP should be reconfigured and combined with the Department. This would be unwise at present for a number of reasons. The Department gains greatly from the few investigators who are members of IASCP who are not members of the Department. That is, IASCP fosters interdisciplinary communication and collaboration in research. These other investigators also gain greatly from the present arrangement and they would be disadvantaged if IASCP were integrated into the Department of Communication Processes and Disorders. Changing the structure of IASCP would gain nothing. It would not save any money. Yet, much would be lost. However, much of the success of the present system is due to the fact that the same, skillful individual is both the Chair of Communication Processes and Disorders and Director of IASCP. If he were to leave either position, the structure of IASCP should be reexamined.

II. Students

Doctoral Program

Enrollment in the doctoral program has been stable. The doctoral programs are mature and well respected. They attract strong students from around the country and the world. Graduates are highly sought and find placement in good universities and desirable clinical settings.

Master's Programs

The master's programs currently enroll approximately 65 students. The programs are two-years long, and, typically, each year about 20 students are admitted to the speech-language pathology master's program and 10 students are admitted to the audiology master's program. As in all major training programs, graduate admissions must be restricted due to the demands of clinical supervision on the number of available staff and the availability of clients for clinical training. In 1990, there were approximately 60 applicants to the master's programs. In 1996, there were approximately 300 applicants.

Graduates of both master's programs are highly recruited by employers and job placement rates are extremely high. Approximately 97% of graduates pass the national examination for certification on the first try.

Undergraduate Students

The undergraduate program attracts some of the most promising undergraduate students in the State who are interested in this major. In the early 1990s, undergraduate majors totaled approximately 70 students. By 1993-94, the enrollment of undergraduate students had climbed to 260. During the 1995-96 academic year, the number of departmental majors was 354 (260 upper division and 94 lower division). In response, the enrollments in many departmental courses have increased from approximately 30 students to approximately 80 students. There has been no increase in the number of faculty, staff, or teaching assistants. These courses were designed for 30 students. Clearly, there is concern for maintaining the quality of the undergraduate education for the students involved.

National Perspective on Enrollments

Nationally, the fields of both speech-language pathology and audiology are enjoying dramatic increases in popularity. The March 1995 issue of *Money Magazine* listed speech-language pathology and audiology as number 11 in its list of "The Fifty Hottest Jobs in America." The increase in the number of undergraduate majors clearly relates to the increase in the number of master's applicants. Both reflect a national trend. Only a fraction of the program's bachelor's degree recipients get into the master's program. Although this is a highly respected program and most graduates get admitted to another, less well-respected, master's program at another institution, there is still great concern that students are being done a disservice by being allowed into the major in such large numbers. A significant number of the new majors have grade point averages only slightly above the 2.8 required for entry into the major. It is clear that they are not good candidates for graduate school. The master's degree is the minimum training allowed for clinical practice. Students who receive a bachelor's with a major in speech-language pathology and audiology and do not get admitted to a master's program have no employment options related to their area of training.

Although there is great demand for master's trained speech-language pathologists, both in Florida and throughout the country, it is unreasonable to expect to expand the size of the master's training programs. To do so would be expensive and it would tax the clinical populations available for training. However, it is clear that something must be done about the burgeoning number of undergraduate majors. The Department should work closely with the College of Arts and Sciences to develop a solution. Although new faculty lines would be justified and an important part of any approach, one must still be careful to ensure that the graduates have

academic backgrounds strong enough to make them competitive for graduate admission. Increasing the 2.8 grade point average required for admission to the major may be distasteful to some, but it should be examined. Another approach is to increase the number and type of prerequisites required for the major. Adding a rigorous prerequisite might not only add to the preparation of these students, but students who decided against the major due to the increased rigor would self-select rather than feeling excluded by factors beyond their control. The addition of any prerequisites would need to be coordinated on a Statewide level, in keeping with Florida's requirements for common prerequisites.

Needs for Qualified Speech-Language Pathologists in the Public Schools

Under the qualified provider provision of the Federal Individuals with Disabilities Education Act and teacher certification requirements in the State of Florida, public school speech-language pathologists must hold a master's degree. The Florida Department of Education is concerned that there is a critical shortage of public school speech-language pathologists. However, the shortages are much greater in the public schools than in the private health-care sector. This is clearly because the public schools are unwilling to pay competitive salaries. The Florida Department of Education is planning to go before the State Board of Education to request a ruling to allow speech-language pathologists with only a bachelor's to provide services in the public schools. Although this would address shortages without raising salary levels, or even allow lower salary levels, it would violate the qualified provider provision of the Individuals with Disabilities Education Act.

More importantly, the people of the State of Florida would not be well served. The bachelor's degree, both at the University of Florida as well as all other training programs, gives

the student background in basic processes that are prerequisite to clinical training in the master's program. As presently structured, the bachelor's program does not contain clinical training and it does not prepare its graduates to enter the clinical work force. The faculty, staff, and especially the students in the Department of Communication Processes and Disorders showed great alarm when confronted with the Florida Department of Education's suggestion that bachelor's trained individuals should be allowed to practice in the public schools.

Diversity

The diversity of the undergraduate students in the Department of Communication Processes and Disorders is 3% African-American and 5% Hispanic. For the University of Florida as a whole, the undergraduates are 6% African-American and 8% Hispanic. For communication disorders students nationwide, 4.6 % are African-American and 1.9% are Hispanic. Thus, for African-American and Hispanic students combined, the Department does more poorly than other departments in its University, but better than other departments in its discipline. In general, students in communication disorders are less diverse than the averages for undergraduate students at the same institutions. However, the percentages are not necessarily lower than the percentages of diverse students at each institution who plan to attend graduate school. The faculty of the Department of Communication Processes and Disorders are committed to developing more diversity in their disciplines and they have worked hard to recruit racially diverse students. African-American graduate students have competed successfully for both the McKnight and McNair scholarships.

None of the sixteen faculty members in the Department of Communication Processes and Disorders are African-American or Hispanic. Coverage of issues related to racial diversity is

integrated into the content of many courses. African-American culture and dialect are given extensive coverage. Accent and dialect issues related to learning English as a second language, especially with Spanish as a first language, are also covered extensively throughout the curriculum. The Department has just completed a five-year project, funded by the United States Department of Education, to improve training programs for speech-language pathologists dealing with at-risk and language-disordered children with non-English speaking backgrounds.

Faculty

The faculty of the Department of Communication Processes and Disorders are dedicated teachers and active mentors of graduate students. Many faculty members have won teaching awards. The research productivity of the faculty is excellent and the dedication and hard work of the faculty is evident.

Salaries

The self-study prepared by the Department of Communication Processes and Disorders indicated that faculty and staff in the Department felt underpaid. This point was affirmed a number of times during the site visit. The table below gives average nine-month salaries by rank for the University of Florida Department of Communication Processes and Disorders and departments similar in size and prestige at five comparable universities. These data are from the AAU Data Exchange Disciplinary Assessment Survey for 1994-95.

University	Asst. Professor	Assoc. Professor	Full Professor
U. of Florida	$37,040	$39,699	$49,344
U. of Wisconsin	42,188	47,881	64,571
U. of Maryland	37,000	50,000	65,000
U. of Minnesota	42,094	46,468	71,450
Michigan State	40,875	47,878	68,493

Oklahoma State University also does a study of salaries by discipline. Their 1995-96 report includes 30 institutions reporting salaries for speech-language pathology and audiology. The averages are $61,928 for full professor, $46,897 for associate professor, and $38,700 for assistant professor. The 1995-96 data for the University of Florida Department of Communication Processes and Disorders are $51,552 for full professor; $42,787 for associate professor, and $38,750 for assistant professor. Clearly, many of the institutions included in this summary have programs of less prestige than the University of Florida does. In addition, the faculty of the Department of Communicative Disorders in the College of Health Professions are paid significantly more than the faculty of the Department of Communication Processes and Disorders.

The data show that the salaries for assistant professors are somewhat competitive, but that salaries for associate and full professors fall below the competition. Faculty have been energetic and productive at all levels of the Department. The senior faculty members have been relatively stable and all of them have been at the University of Florida for a number of years. A group of especially talented and promising assistant professors have been recruited recently. It is time to remedy the salary situation before the assistant professors progress to the underpaid ranks and are recruited by other strong research institutions. The faculty is now a cohesive group with a sense of community. There is great interaction between senior and junior faculty members. The junior faculty members are building momentum quickly. Continuing the salary imbalance between ranks will lead to discord—especially if the junior faculty members get higher salaries when they reach mid-ranks than the senior faculty members get. If the junior faculty members are enticed away by other institutions it will lead to a general loss of morale and it will greatly hurt the

productivity and enthusiasm of those who remain. It will disrupt joint research programs, require new funds to start up laboratories for new recruits, and result in the loss of opportunities for external research funding. It is clear that the present situation will lead to problems, it would be far better to act now to remedy salary inequities than to wait until the inevitable problems occur.

The situation is exacerbated by salaries offered to practicing speech-language pathologists in hospitals, other health care facilities, and private practice. Unlike other professions, the services of both speech-language pathologists and audiologists have usually not been included in traditional health insurance plans. The reforms in health care are likely to increase both the demand and income of practicing speech-language pathologists and audiologists. Nationwide there is a problem in that practicing clinicians with a master's degree can receive salaries that are comparable to those offered to faculty members with a PhD At the University of Florida, the clinical supervisors, who are staff members with master's degrees, receive salaries that are lower than those of tenure track faculty members. This is appropriate. However, it is clear that they could make higher salaries by leaving the university. The solution is to raise the salaries of both the faculty and the clinical staff.

IV. Resources

The resources are appropriate for the program. Research facilities are impressive. Clinical facilities are comprehensive and connected to a major health care center. Space, although tight, is adequate. Attention should be given to access to clinical space for individuals with limited mobility. Library resources meet the program's needs. Faculty members have been aggressive in seeking and procuring external support.

V. Responses to Previous Program Review Recommendations.

There are no recommendations from previous reviews that have not been addressed.

VI. Recommendations

Strategic Planning

The Department of Communication Processes and Disorders has done a good job of anticipating needs and meeting expectations. It has employed short term (i.e. tactical) planning. It should engage in more comprehensive, long term (i.e. strategic) planning. The place of the training program in meeting the needs of the state and country for training in speech language pathology and audiology should be clearly identified and articulated. The research mission, and the manner in which the research mission provides the essential framework for the educational mission, must be integrated into long-term plans for clinical training. The research mission should be explained in a way that external constituencies understand and appreciate the program's research accomplishments.

The Department should increase and plan the balance of resources going into research, graduate teaching, clinical education, clinical service, and scholarly service. The Department should increase and plan the balance of resources going into undergraduate education, master's education, and doctoral education. What will be the long term implications of available resources for AuD and SLPD programs? If additional resources are not available, what would be the impact on these programs? Should other activities be curtailed to enhance resources for AuD and SLPD programs and, if so, in what ways?

What will be the long term relationship between the Department of Communication Processes and Disorders and the Department of Communicative Disorders in the College of Health Professions? Clearly, the Department of Communicative Disorders must be much more than "just another practicum site." It has a talented faculty that should be integrally involved in the educational programs. There are many opportunities for collaboration. The faculty of both departments should work together to chart out long term plans.

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[illegible]

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should give some indication regarding their recognition of, and support for, programs like this one that have national recognition, active and productive research programs, and comprehensive, prestigious, and selective training programs.

2. The Department of Communication Processes and Disorders is housed in a College of Liberal Arts and Sciences. This is an appropriate placement and it should be retained.

3. Given the prestige of this program and the accomplishments of its faculty and staff, the salaries are dangerously low.

4. The number of undergraduate majors has more than tripled in the last few years. Steps must be taken to ensure that the quality of the education undergraduate students receive is maintained without requiring a disproportionate share of the Department's resources.

5. The proposed Ph.D. degree should be pursued.

6. The Department of Communication Processes and Disorders should develop a strategic plan. Such a plan should address their role in the preparation of speech-language pathologists and audiologists to serve the State. More coordination with the Department of Communicative Disorders in the College of Health Professions should be planned and developed. Both departments should continue to explore a joint graduate program in speech-language pathology (Ph.D.) and should continue to explore a joint undergraduate program in communication disorders, and specialty tracks.

Depart ent of Rehabilitation Counseling

Progr ns: BHS Rehabilitative Services

MHS Rehabilitation Counseling

Program

ng Department offers a BHS in rehabilitative services (RS)

eling (RC). The RC program is one of the oldest in the

rogram housed in an academic health center in the State of

reputation in the rehabilitation counseling community of

ed as a limited access program since its inception. Admission

g a minimum 3.0 GPA and 3 prerequisite courses (9 hours).

the program be designated officially as a limited access

uired for graduation is 120. The Department chairman is

mpliance with BOR requirements relative to prerequisites and

ation, and will effect the necessary changes to bring it into

h the bachelor's and master's programs have experienced a

of students admitted. The undergraduate program is currently

fied by student/faculty ratio constraints, limited space, limited

r of clinical sites available to students. The limited access

nd should be officially designated as such.

The RC program requires 52 semester hours for graduation and is accredited by the Council on Rehabilitation Education (CORE). Graduates are prepared to sit for the Certified Rehabilitation Counseling examination and the Florida Licensed Mental Health Counselor examination upon completion of supervised practice.

Both programs offer didactic and experiential learning components and currently list 37 practicum sites designed to offer a reasonably broad array of clinical experience for students. The Department does not engage in distance learning activities.

The RS program accepts community college applicants who are competitive but has no formalized articulation agreement with the community college system.

The Department, in cooperation with the Departments of Occupational Therapy and Physical Therapy, is planning to establish an interdisciplinary PhD program in Rehabilitation Science.

II. Students

Admission criteria for the RS program are currently not in compliance with BOR criteria as noted above. Criteria for the RC program are appropriate. The Department has written admissions procedures and faculty are actively involved in the process. The faculty are sensitive to the issue of cultural diversity and act accordingly in the admissions process.

Graduation rates average 78% and 86% respectively for the RS and RC programs over the past five years. The faculty posit a nexus between the number of students in the program with severe disabilities and attrition.

Though no hard data are available, all faculty report that pass rates on credentialing

examinations are high. The same is true for employment. The faculty report that graduates find employment within the State, and that employment rates are high. The Chair reports that the Department will begin to systematically collect those data.

III. Faculty

There are five full-time tenured faculty including the Department Chairperson. Three faculty hold the rank of Professor and two hold the rank of Associate Professor. Faculty turn-over is low. The most recent hire was six years ago. The two senior faculty members have been in the Department for 24 years and the Department Chairman has served in that capacity for 13½ years. All faculty are required to engage in teaching, research and service activities. Some faculty enjoy a national reputation having served in varying leadership roles in national/regional professional organizations and or credentialing bodies.

The Department has an average enrollment of approximately 110-115 students in both programs. This equates to a faculty/student ratio of 1:22. Though the student to faculty ratio is high, the faculty appear to be enthusiastic about their teaching responsibilities. For example, classes with large numbers of students may be split to insure the integrity of the learning experience. This practice, however, increases the amount of classroom contact time for the faculty. In addition to a large teaching load, faculty are expected to engage in scholarly activities. Clearly the large teaching load is at odds with prolific scholastic production. Nevertheless, the faculty are actively involved in scholarly and/or service activities. All faculty have published in peer reviewed journals and have presented at national/regional meetings.

The Chair is nationally known and enjoys the respect of his peers as a rehabilitation counselor educator. Despite the large teaching load and limited financial and attendant resources e.g., space, equipment and support staff, the Department does a commendable job which may be attributed to the leadership provided by the Chair.

The Department lists a number of "courtesy" faculty who provide support for the resident faculty.

IV. Resources

The Department functions on very limited resources. Other than faculty offices, space for one department secretary, a department conference room and one room for testing equipment, there is no other space allocated to this Department. This circumstance could place the Department's accreditation status with the Council on Rehabilitation Education in jeopardy.

Access to library resources appeared adequate.

The Department is in the process of developing a "Practice Plan" as a source of alternative funding. The high teaching load will no doubt make it difficult for faculty to also engage in income generating activities.

V. Responses to Previous Program Review Recommendations

No recommendations were made specific to this department at the last review.

VI. Strengths

The Department of Rehabilitation Counseling is the only such department in the State of

Florida housed in a comprehensive academic health center. This setting affords students learning opportunities not readily available to students in programs not so housed.

The faculty are known and respected in the academic community. The faculty are diverse in terms of the expertise they bring to the Department and seem to be truly committed to educating the students in the Department.

The RC program prepares students for entry in two counseling disciplines, rehabilitation counseling and or mental health counseling.

Both programs offer didactic and experiential learning components and currently list 37 practicum sites designed to offer a broad array of clinical experiences for students.

In short, the Department accomplishes a great deal in terms of furthering the mission of the University with strikingly limited resources.

VII. Needs

The Department is in dire need of adequate space, e.g. teaching labs, for counseling classes and vocational assessment activities.

Vocational evaluation equipment is also limited. The implication of a faculty/student ratio of 1:22 seems clear.

VIII. Recommendations

The lack of adequate space is a major concern for this Department. It would be meaningful if the Department could be involved in the relocation decision-making process.

1) The students expressed an interest in meeting with the Chair on a regular basis. The Chair agrees that this is a good idea and will begin to hold such meetings.

2) Continue the "limited access" status for the RS program.

3) The Department, in consort with the Departments of Occupational Therapy and Physical Therapy, has completed a feasibility study for the establishment of an interdisciplinary PhD program in Rehabilitation Science. This proposal has many merits, as noted in the proposal summary. Every effort should be made to support this proposal.

Department of Occupational Therapy

Programs: BHS, MHS Occupational Therapy

I. Program

a. Overall comments regarding program.

The Department of Occupational Therapy is one of six departments in the College of Health Professions and is located in the Health Science Center, one of the three budgetary units of the University of Florida. The College of Health Professions includes departments of Occupational Therapy, Physical Therapy, Rehabilitation Counseling, Health Services Administration, Clinical and Health Psychology and Communicative Disorders. The Health Science Center is an academic health center and houses the colleges of Medicine, Nursing, Dentistry, Pharmacy, Veterinary Medicine and Health Professions.

The Department of Occupational Therapy offers programs leading to the Bachelor of Health Science in Occupational Therapy and the Master of Health Science in Occupational Therapy. The Bachelor of Health Science in Occupational Therapy program was begun in 1958 and has 916 graduates. The Master of Health Science program offers advanced studies in occupational therapy theory and research. This program was begun in 1972 and has 110 graduates. The master's degree curriculum is designed to develop knowledge and skills in scientific inquiry, theory analysis, and specialty competency. Postbaccalaureate entry into the occupational therapy master's degree program is a seven-semester program consisting of four semesters of undergraduate professional coursework accredited by the Accreditation Council for Occupational Therapy (ACOTE) and three semesters of post-graduate work leading to the Master of Health Science degree.

In 1994, the State Legislature mandated doubling of the undergraduate program, and enrollment was increased from 30 new students per year to 60. Three new faculty positions were added as a result of this. Of the current complement of faculty, five hold doctoral degrees, an unusually high proportion for an occupational therapy educational program since scarcely one percent of occupational therapists nationwide hold doctoral degrees.

A faculty practice plan was developed to expand the role of faculty in providing clinical service as a source of supplementary funds. However, implementation of this plan has been difficult due to the pressures on faculty to handle heavy teaching loads, to conduct scholarly pursuits, and to provide community service.

Continuing education efforts were initiated in 1996 with the establishment of the first Alice C. Jantzen Symposium, an annual event intended to provide students, faculty and alumni with outstanding opportunities for growth. A Board of Advisors was appointed in 1994 to provide the perspectives of leaders in the community and health care systems.

b. Appropriate curriculum; suggestions for improvements.

The curriculum, as presently in place, is not only appropriate but also outstanding as evidenced by the continuous 100% pass rate of graduates on the NBCOT certification examination. This is the major indicator of excellence of occupational therapy educational programs within the profession. Therefore no improvements are suggested; however, related observations concerning changes in level have been made in sections I.h. and VI.

c. Articulation with community colleges (AA and AS).

Community college transfer students comprise about one-half of each entering class; however, there are no specific articulation agreements with feeder community colleges.

Community college transfer students must meet the same requirements as other applicants; that is, they must complete all general education requirements and all occupational therapy prerequisites, must hold an Associate of Arts degree or its equivalent, must have their credentials evaluated by the University, and must apply to both the University and to the Department of Occupational Therapy.

In relation to the topic of articulation, a singular feature of the associate degree earned by the graduate of an occupational therapy assistant program (usually located in a community college) is that this is a degree that is itself held in great respect within the occupational therapy profession. Certified occupational therapy assistants (COTA) are recognized as a valuable part of the profession. Their education is, of course, different in length, depth, and perspective from that of the registered occupational therapist (OTR), and thus courses cannot usually be directly transferred into an occupational therapy program of study. Such measures as competency exams are sometimes considered as one aid and support for facilitating the articulation of COTAs into an OTR program of study.

d. Continue limited access.

Limited access to the occupational therapy program must be continued because of the overwhelming numbers of applicants to the program, usually over 200 applicants for 60 spaces. This on-going problem persists despite the fact that the occupational therapy program literally doubled the number of students admitted each year from 30 to 60.

A related problem is the inadequate number of fieldwork sites available, the result of growing demand from other educational programs and of managed care productivity measures. Placements are made well in advance of the students' clinical experiences, with the Department

required to manage a minimum of 280 placements. Thus, the fact that fieldwork internships are required for reaccreditation is a major reason for continuing limited access. An added reason is the nature of professional education of occupational therapists which requires experiential laboratory education in order that students can learn essential skills in patient evaluation and treatment procedures. Access to the program is limited by the number of faculty, space, and materials required to provide a maximum student-faculty ratio of 20:1.

e. Possibilities for delivering program or courses through distance learning.

The Department of Occupational Therapy supports the notion of distance learning which would target specific employments needs, expanding the existing occupational therapy programs to off-campus Florida sites. Specific initiatives in this area have evidently not yet been pursued.

f. External linkages.

Close communication with the National Certification Board of Occupational Therapy and with the Florida Board of Professional Regulation is important. Compliance with all changes is essential.

Managed care and resultant changes in U.S. health care delivery clearly impact all who are associated with allied health including the UF Department of Occupational Therapy. Traditional occupational therapy roles and positions are changing daily, and unless occupational therapy educational programs successfully adapt by providing students with appropriately revised curricular content, graduates will not be adequately prepared to practice. This, in turn, can be reflected in the students' pass rate on the national certification exam and, in turn, on licensure.

Not only have cross-training and multi-skilling been advocated by some as one solution to problems of cost, but also greater use of assistant-level personnel in allied health. For instance,

the services of occupational therapy assistants will be increasingly used and will have to be supervised and coordinated by occupational therapists who have been well-prepared as managers, supervisors, and consultants. Occupational therapy graduates will be increasingly expected to enter practice with more autonomy, with greater outcomes research skills, and with a higher level of management preparation. To that end, it is recommended that the Department of Occupational Therapy at the University of Florida be authorized to institute a professional (entry-level) master's degree program in order to prepare students for practice in this changing health arena.

g. Accreditation status.

This program has continued to receive accreditation since 1961. It was last reaccredited in 1994, by the Accreditation Council for Occupational Therapy Education (ACOTE) of the American Occupational Therapy Association, for the maximum length of time, seven years, before being required to submit its next self-study.

h. Pending programmatic modifications.

Based on the rationale given in (f.) above, it is recommended that the Department of Occupational Therapy at the University of Florida be authorized to institute a professional (entry-level) master's degree program. Occupational therapist preparation for entry into practice at the master's degree level has been identified and increasingly implemented within the profession as a proactive decision. The ultimate goal, as always, is cost-effective, high quality delivery of occupational therapy services to clients.

A sequential step following establishment of the entry-level master's degree in occupational therapy would be the proposed Rehabilitation Science doctoral program at University of Florida. Interdisicplinarity has been universally advocated throughout health care delivery. The severe

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shortage of occupational therapy faculty members has steadily grown, while opportunities to earn appropriate doctorates have not. Educating occupational therapists as researchers is critical, and since the University of Florida is already a respected research institution, it seems an exceptional opportunity to develop and publish much-needed occupational therapy research. The proposed Rehabilitation Science doctorate would prepare proficient teachers, researchers, and grant writers.

i. Appropriate number of credit hours for degree.

The current number of credit hours required for the Bachelor of Health Science in Occupational Therapy and for the Master of Health Science in Occupational Therapy is appropriate.

II. Students

a. Appropriate admissions criteria and procedures.

Admissions criteria and procedures have been carefully and thoughtfully prepared and implemented. The minimum GPA required for admission into the program is 3.2. All applicants are required to complete a minimum of 20 hours of volunteer experience, to pass the College Level Academic Skills Test, to satisfactorily complete all of the prerequisite courses, and to obtain an AA degree or its equivalent prior to beginning the occupational therapy program. The 20 top-ranked applicants are offered direct admission. The next group of ranked applicants may be invited for interviews and considered for possible admission. An alternate list of the next five students who rank below the top 60 applicants is maintained in case any student invited for admission needs to be replaced. Admissions criteria and procedures appear to be appropriate in every way.

b. Adequate diversity of students, retention, and graduation.

There appears to be as much diversity as is currently possible among both faculty and students. When more potential faculty members with diverse backgrounds are available it seems certain that they will be sought for employment.

Among the admissions policies for the Department of Occupational Therapy is one which "reserves up to two additional spaces for minority students." Within the occupational therapy curriculum, diversity issues are addressed in most courses and attention is given to cultural and ethnic considerations that graduates are expected to address upon entry to practice. Such course content is further expected in order to meet reaccreditation requirements.

c. Placement and satisfaction of graduates.

Through periodic surveys of UF occupational therapy alumni, an accurate and timely data base was developed. Survey information of students graduating from the program to determine placement and satisfaction of graduates is obtained in the following ways: annual alumni survey of location, job title, and type of facility; annual senior curriculum critique, a program evaluation by students during their last internships/fieldwork; AOTA Member Data Survey for UF alumni with highest degree attained, employment, and demographics; 1994 alumni survey of employment, demographics, program evaluation, and comments; 1994 survey of employers of UF occupational therapy alumni. These measures have provided an effective, on-going source of information about the placement and satisfaction of graduates.

d. Acceptable pass rate on licensure examinations.

Continuous pass rates of 100% by UF graduates on the examination required by the National Board of Certification in Occupational therapy are exemplary. It is the practice in

nearly all states to reciprocally accept the scores of graduates on this examination for state licensure.

III. Faculty

a. Most important or unique way in which faculty are serving students.

Faculty members each demonstrate personal commitment to a high quality of instruction, taking personal interest in their students' progress toward graduating as entry-level occupational therapists. Their dedication is strongly evidenced in the above mentioned 100% pass rate on the NBCOT examination. This support and success was continued throughout the doubling of the undergraduate program from 60 to 120 full-time undergraduate students. Faculty also serve as effective professional role models for their charges.

b. Most important or unique way in which faculty are serving society.

A contract with Tacachale Community has been maintained through which occupational therapy faculty provide services to the people of Tacachale, teach, and conduct clinical training of occupational therapy students. A contract with Shands Hospital was initiated in 1995, and faculty members provide service in this setting as they train occupational therapy students. Faculty members organized and presented the first Alice C. Jantzen Symposium in March, 1996, as an educational event.

c. Basic and applied research.

Faculty members publish scholarly works and make presentations at professional meetings. A summary of scholarly work conducted between 1993 and 1996 includes four training grants, four service grants, two grant proposals, seven on-going research projects, four new research

projects, 12 published journal articles, four accepted journal articles, 12 published book chapters, eight book chapters in progress, two published monographs, three books published, 26 local presentations, three state presentations, and 12 national presentations.

d. Quality of departmental leadership.

The Chair is known nationally among her professional colleagues as an effective leader. She has earned the respect of peers as well as students. Evidence of her leadership can be seen in the makeup of the occupational therapy faculty at UF, with over 50% of the faculty at the doctoral level. With fewer than 300 occupational therapists in the U.S. holding doctorates, the Chair has been able to attract five of them to UF. She takes a personal interest in each faculty member, encouraging them in self-development and in their individual goals. In every way, the Chair is an inspiration and a role model for both faculty and students.

e. Appropriate workloads.

Due to intensive teaching loads, faculty members experience great difficulty in also accomplishing their goals in scholarly productivity. There is not sufficient flexibility in types of faculty appointments, tenure criteria, and faculty FTE allocations to recognize the unique needs among occupational therapy faculty. It is recommended that two faculty tracks be established: one for clinical/teaching and one in research. This would allow certain faculty to concentrate on teaching and clinical work without concern for research and publications required on tenure track. This type of appointment is highly appropriate in occupational therapy programs which have a concentrated clinical component. Those occupational therapy faculty employed on tenure track would then be able to establish a research program and produce scholarly works in keeping with the reputation of University of Florida as a highly respected research university.

f. Use and integration of adjuncts and clinical faculty.

The use and integration of adjuncts and clinical faculty appear to be appropriate at this time.

IV. Resources

a. Effective use of resources.

Equipment needs are sufficiently met for students to gain exposure to major therapeutic procedures. Some equipment is outdated, such as wheelchairs, and some equipment is inadequate in amount, such as rehabilitation technology and computer-access equipment. However, overall equipment resources are adequate.

Occupational therapy faculty salaries have traditionally been less competitive than in the private sector. New baccalaureate graduates in Florida earn an average salary which is only $5,000 less than experienced faculty holding master's degrees who are appointed to lecturer or instructor positions. The addition of three new, competitively-funded faculty positions which were appropriated for the doubled undergraduate enrollment enabled the Chair to recruit three faculty for these positions; however, the remaining positions were under-funded, and in order to provide sufficient rate on other positions to attract and retain faculty, rate was shifted from two of the three vacant positions. Therefore, although the OT Department benefited from three new faculty positions added in 1994, the net increase in faculty positions is presently one, not three.

b. Appropriate space.

The Department of Occupational Therapy was relocated to the renovated Jennings Annex

in 1995-96, gaining 3,000 square feet to accommodate the doubled enrollment. This space is adequate for the educational programs of the existing number of faculty and students. There is, however, no space for further expansion of the educational programs.

There is no space for faculty to conduct clinical service activities in the Department, thus allowing them to bring revenues to the University and increase educational and research potential. Nor is there now any room for research or labs for on-going research programs in occupation and occupational performance. Additional space for research is a high priority among the occupational therapy faculty members.

c. Adequate access to library resources.

The University libraries are used by OT faculty and students, and the Department maintains a small reference library. The Department has evaluation instruments, audio-visual equipment and supplies, technology equipment and software which are adequate for the existing enrollments. Thus there appears to be adequate access to library resources.

d. Exploration of alternative funding sources.

Although the idea of a Faculty Practice Plan is appropriate for some disciplines, it does not seem feasible for occupational therapy faculty members. Due to faculty shortages and to exceptionally heavy teaching loads, implementation of this Plan has been slow. Individual faculty members have met with varying degrees of success as they have written grant proposals. They agree that such activities are both interesting and fruitful, but again their heavy teaching loads preclude optimum participation.

V. Responses to Previous Program Review Recommendations

Based on the Allied Health Program Review document of 1988, the one recommendation appeared to be that of space. Today, with the relocation to Jennings Annex, that concern has been mitigated for now.

The programs of the UF Department of Occupational Therapy were reviewed by ACOTE in February, 1994, and the Department members were praised for their accomplishments and resources. Full reaccreditation with no limitations was awarded for the maximum length of time, seven years.

VI. Strengths, Needs, and Recommendations

a. Major strengths of the Department of Occupational Therapy include:

1) Administrative support of the Department at all levels.

2) Strong, effective leadership of the department chair.

3) Dedicated, competent, productive faculty members who provide excellent teaching. A close, supportive working relationship between faculty and students was evident.

4) Students were enthusiastic, motivated, mature, appreciative of the excellent education they were receiving, and willing to give of their time and experience to assist with their observations and comments.

b. Needs

1) Support to convert the undergraduate occupational therapy program to a professional master's degree program.

2) Space to conduct research.

3) Facilitation of access for faculty who do not have doctoral degrees to pursue them at the University of Florida.

4) More flexibility in types of faculty appointments.

5) Continuation of limited access to the occupational therapy program.

c. Recommendations

1) Authorization to convert the undergraduate occupational therapy program to a professional master's degree program is recommended. The intent is to meet current and anticipated occupational therapy roles for managed health care. A new model of occupational therapy practice is emerging which focuses on independent practice in a multi-disciplinary health care arena. Movement to entry-level at the master's degree level is occurring nationally.

2) Support should be given for the proposed Rehabilitation Science doctoral program in collaboration with the Departments of Physical Therapy and Rehabilitation Counseling. Interdisciplinarity is strongly and increasingly urged within allied health, and this proposal will educate potential leaders for academic administration in these fields.

3) With the growth in research that will occur as an aftermath of these two recommendations, more space for the conduct of research studies should be considered for allocation to the Department. This objective reflects the image and reputation of the University of Florida as an eminent research institution while releasing the creative energies of the occupational therapy faculty members.

4) While faculty members may have access to doctoral study at UF, the process is difficult. With occupational therapy faculty in short supply and with so few holding doctoral degrees, the ability to pursue doctoral work is a major recruitment tool with which to attract and retain faculty. Without a core of senior faculty it is nearly impossible to attain research, education, and service objectives beyond maintenance of current programs. It is recommended that access to doctoral study by UF faculty be facilitated.

5) There is not sufficient flexibility in types of faculty appointments, tenure criteria, and faculty FTE allocations to recognize the unique needs among occupational therapy faculty. It is recommended that two faculty tracks be established: one for clinical/teaching and one for research. This would allow certain faculty to concentrate on teaching and clinical work without concern for research and publications required on tenure track. Those employed on tenure track would then be able to establish research programs and produce scholarly works to support the reputation of University of Florida as a premier research institution.

6) Limited access to the Department of Occupational Therapy educational programs should be continued. This is because of the overwhelming number of applicants, the competition for scarce training sites to fulfill the requirement for students to complete clinical fieldwork education, and the nature of occupational therapy education that requires experiential laboratory offerings.

7) Finally, it is recommended that UF occupational therapy faculty members' salaries be perused in comparison to those being offered across the State and country to ensure that there is an equitable expectation.

Physician Assistant Program

Introduction

This report is based upon preliminary telephone conversations with the Associate Director for Program Review, Florida Board of Regents, and the Director of the University of Florida Physician Assistant (PA) Program; review of materials sent prior to the site visit; and a meeting held with University and College of Medicine officials (e.g., the Vice Provost, Associate Dean of Educational Affairs, and Chairman of the Department of Medicine), core PA Program faculty, College of Medicine supporting faculty, students and graduates of the PA Program held on Thursday, April 11, 1996. The materials reviewed prior to the visit included: (1) the PA Program's Curriculum Manual for 1995-1996, (2) a report containing information for program review and master's degree proposal, and (3) a summary of the self-study submitted to the ARC-PA for accreditation in 1993, a letter from the ARC-PA providing feedback from the self-study and the PA Program's response to the ARC-PA letter. In addition and while on-site, the consultant had an opportunity to visit offices and educational facilities, talk to support personnel, review student records and files, look in more depth at evaluation forms used by the program, examples of examinations, copy of minutes of meetings, affiliation agreements and educational handouts and syllabi. Much of the latter review was accomplished on Friday morning, April 12.

Institutional Support and Clinical Affiliations

The obvious support of this program by the Vice Provost, the Chairman of the Department of Medicine, and the Associate Dean of Educational Affairs was very impressive. Their

knowledge of and appreciation for the Program's mission and goals were evident. The Program was asked to "return" to the College of Medicine and has been integrated into the Department of Medicine, provided high visibility by being headquartered in the main administrative building for the College of Medicine and provided adequate core faculty and staff to accomplish stated goals. Clear lines of communication and authority exist and the Program Director is a member of the Department's Executive Committee and has been asked to serve on key planning committees, e.g., managed care task force. The Program Director and one other faculty member are tenured. Although other core program faculty are not tenured, this is not atypical for faculty based in Colleges or Schools of Medicine - even for M.D. and PhD faculty members. Strong clinical affiliations within the UF Health Care System and with community based hospitals and practices throughout the State are noted and the Program is credited with being a leader in placing students in medically undeserved communities for training. This effort is supported by the Florida AHEC system through a network of well-established clinical satellite training sites. These sites have proved valuable to the College of Medicine with the renewed focus of sending medical students more into the community for their clinical training. The program's faculty, staff, students and graduates are held in high esteem by the top academic officials interviewed and all the resources available to any other faculty or student on the medical campus appear to be available to the faculty and students of the PA program (e.g., access to networks, teleconferencing, use of standardized patients, skills development and evaluation center, informatic/computer facilities, faculty development and clinical service opportunities, etc.).

Quality of Core PA Program Faculty

Of the eight core faculty members, five hold advanced degrees. The three who do not have advanced degrees were hired with the understanding that they would pursue and obtain advanced degrees as soon as possible. They are currently exploring available options on campus. The Program has encouraged and provided time to allow faculty to obtain advanced degrees in the past. The Program Director has over twenty years of experience in PA education and is viewed by the Program's core and supporting faculty and by students as a strong leader and advocate for PAs within and outside the College of Medicine. The transition from the College of Health Professions to the College of Medicine two to three years ago went smoothly and the increase in enrollment from 30-45 students to 60 students has not had a negative impact on the quality of instruction. The core faculty assumes primary responsibility for curriculum design, management and evaluation. In addition, they teach and evaluate clinical skills, develop professional awareness among students, recruit and select students for the program, visit clinical rotation sites and provide clinical service (about 20% time). When queried, students indicated a high degree of respect and appreciation for the core faculty who provide additional review when necessary and who are responsive to students' academic and personal needs. In speaking with the core faculty, one gets a sense of dedication, pride and enjoyment in their roles.

Quality of Supporting Teaching Faculty and Facilities

The supporting faculty is drawn from the College of Medicine and the community and consists primarily of M.D., PhD, and PA instructors. All individuals who teach in the Program are well qualified by academic preparation and discipline to teach the content and skills outlined

by the Program. Interviews with supporting faculty indicated a high degree of contact and guidance from the core PA Program faculty, good understanding of course objectives and goals. The supporting faculty is willing to modify course content and methodology of instruction according to need and availability of resources. The educational facilities including classrooms, laboratories, and clinical skill and evaluation centers are excellent, modern, well-supported by technical staffs, and accessible to students and faculty. The library contains current journals, books, reference materials, computer-based catalogues (Medline, etc.), and provides students access to study areas, copying equipment, and computers during evenings and on weekends.

Quality of Didactic Instruction

The program has a well-defined and stated mission and goals statement and a professional role delineation which serves as a guide to faculty and students. The number of hours, scope of courses, and depth of instruction fulfills or exceeds that required by the Essentials for Accreditation of PA Educational Programs. Students are provided a didactic manual at the beginning of the year containing rules, regulations and procedures, as well as course objectives, schedule of classes and maps indicating how to get to various educational facilities. Each course has its own set of learning objectives, reading assignments, handouts and notes - most of which are bound into course syllabi. Courses and instructors are evaluated routinely, and as evidenced through interviews, changes are made based upon these evaluations. Few courses have remained static. Course content has been added and notes and handouts are revised annually to keep pace with changes in the medical knowledge base. The core PA faculty are intimately involved in the design, implementation and evaluation of each course taught during the didactic year.

Quality of Clinical Instruction

The Program has written affiliations with over a hundred clinical sites within the State. Even with increased enrollments, the Program has been able to provide students a variety of required and elective rotations in many diverse inpatient and ambulatory settings. The required and elective clinical courses are more than adequate to prepare the primary care practitioner. The Program is to be commended for requiring all students to spend eight weeks in family or general internal medicine and to complete at least one rotation in a medically undeserved community. Students are evaluated by preceptors and in turn, have the opportunity to evaluate each site. They are provided a clinical year manual at the beginning of their second year of instruction which provides goals and learning objectives for each required rotation, reading assignments, grading standards, rules and regulations. Grading consists of preceptor evaluation, multiple choice examination, chart reviews and observed clinical skills performance. Sites are visited routinely by core faculty or clinical satellite coordinators. Problems which arise are dealt with in a timely fashion as evidenced through interviews with clinical faculty, students and graduates of the Program.

Quality of Students and Available Support Services

The majority of students in the Program already possess four or more years of college with 60% holding bachelors or advanced degrees. The average age of each class is 29 to 30 and the class is divided almost equally between men and women. The minority representation is about 17%. All students are residents of the State and plan to remain within the State to practice after graduation. The average prior health care experience of students is over four years. The 12

students we interviewed contained five individuals who did not have bachelor's degrees upon admission and seven who did. The students without prior degrees had accumulated three to four years of course credits and most had taken advanced courses in chemistry, biology (microbiology, physiology and anatomy), statistics, and physics prior to entering the Program. These students tend to be older and have extensive prior health care experience. All those interviewed stated that the Program either met or exceeded their expectation. They indicated that the curriculum was intenses at the professional-graduate level, and required four to six hours of outside study and preparation time each day, including weekends. Because of their diverse academic and experiential backgrounds, students view themselves as valuable resources for each other and many have formed study groups. All seem well adjusted and supportive of program faculty, goals and objectives. Students indicated that they feel treated as "first class citizens" and have access to all resources provided to other students by the University and College of Medicine. They are provided access to student health and insurance coverage, to counseling services and to financial aid advisors. The retention rate is high and students express appreciation for the time and effort spent by core PA faculty reviewing and tutoring students having comprehension problems.

Overall Quality of Program Evaluation and Development

The Program has developed an elaborate information gathering, analysis and reporting process which is highlighted in the BOR review and master proposal report. There is continuous monitoring of courses, instructors, student progress, graduates, and employers. Appropriate committees have been formed to oversee the various components of instruction and admissions.

Faculty meet routinely with students and with each other to develop strategic plans and contingencies. Minutes of these meetings are kept and ample data is available to measure the accomplishment of stated goals and objectives. The pass rate on the national certifying examination is high and consistently exceeds national standards. Graduates secure employment immediately upon graduation and over 50% are working in medically undeserved communities in Florida. For a health professional program, minority enrollment exceeds that of most other programs nationally.

The curriculum and program continue to evolve to meet changes in health care delivery and expectations placed on graduates of the program. Faculty, graduates, students and community-based health professionals and administrators have advisory roles in the program. The Program makes good use of community resources including the Florida AHEC system.

Summary and Conclusions

Based upon the review, the Program continues to meet or exceed requirements for national and state accreditation. The strengths of the program are summarized as follows:

- The program director is recognized as a national leader in PA education, uses resources wisely, is an innovator and motivator of faculty and students.
- The Program has the full support of top University and College of Medicine officials and is viewed as adding value to the mission and goals of the Department of Medicine and College of Medicine; the budget is adequate and in keeping with the scope of activities required to administer the program and teach students.

- The core faculty is highly supportive of program goals and objectives and work hard to assure that the academic resources and environment is conducive to learning; they are knowledgeable and capable of fulfilling their various administrative, teaching and clinical roles.
- The students, by academic preparation and experience, are capable of success, are highly motivated learners, and are supportive of each other, program goals and objectives.
- Each course has well-defined learning objectives, appropriate methods instruction and evaluation; the supporting faculty have the knowledge and skills to teach and facilitate student learning.
- Students have complete access to education facilities, student health and counseling services, financial aid, educational support services and core faculty and staff.
- The office space, equipment, and support staff provided to the program are first class and adequate to accomplish the program's mission.
- The number and quality of clinical learning sites is adequate for training students in the program; these sites are monitored frequently and appropriate letters of affiliation have been signed.
- The program is to be commended for the amount of information that is gathered and used to measure program outcomes.
- Student retention is high, the pass rate on national certifying examinations is high and graduates and employers indicate a high level of satisfaction with preparation and performance.

No weaknesses were noted that would impact negatively on program accreditation. Several concerns were expressed. These are as follows:

- The academic backgrounds of core faculty should be at the master's or above level. The three core faculty who do not currently hold advanced degrees should be given the opportunity to do so. Given the increased enrollment and extensive amount of time spent by faculty currently in administration, teaching and clinical roles, consideration should be given to hiring an additional faculty member to offset time spent by those working on advanced degrees. The ability to do this will depend upon availability of funds and personnel.
- Some students expressed a desire to decompress the didactic year so that they would have more time to absorb material. This may be addressed by plans to move the curriculum to the master's level and also will depend upon availability of resources.

In summary, this is an excellent program that should be approved and highly commended by the Florida Board of Regents. It plays a vital and important role in improving health care access to many regions of the State and provides physicians and health administrators a means of providing citizens of the State high quality and affordable health care services. It provides an exciting and rewarding career for both men and women, especially for those who want to make lateral career changes from nursing or allied health professions.

FLORIDA STATE UNIVERSITY

Rehabilitation Services Program

Programs: BS Rehabilitation Services

MS, PhD Rehabilitation Counseling

I. Program

The Rehabilitation Services Program is well established and has made significant improvements from the Board of Regents Review of 1988. The Program is located in the Department of Human Services and Studies, in the College of Education. It is one of only two programs in the nation offering three distinct degrees; Bachelor's, Master's, and Doctorate. The Doctorate in Rehabilitation is the only one offered in the State. The Specialist degree identified in the Board of Regents (BOR) Academic Programs Inventory is not offered by the Rehabilitation Program. The BOR records should be updated to reflect that change.

The faculty have developed a complementary relationship among their educational programs and research with the service programs in the community. The result has been an impressive network between the Rehabilitation program and the public and private rehabilitation service providers in the community, which are responsive to the needs of the students and the community.

Accreditation is offered only at the Master's level by the Council on Rehabilitation Education, which is recognized by the Commission on Recognition of Postsecondary Accreditation. CORE recognition is regarded as a designation of current quality.

The curricula student ratings and comments by current and former students are excellent for all three program levels, Bachelor's, Master's, and Doctoral. Each of the programs demonstrate a comprehensive and well-balanced curriculum. An appropriate number of credit hours is required for each degree level. The undergraduate program requires 120 credit hours and sets an example for success with the articulation agreement with the community colleges. The master's program is governed by accreditation standards which require 60 credit hours and two years. The doctoral program has an acceptable number of credit hours. It is tied closely to the Psychological Counseling Program which requires a lengthy stay. It is recommended that the PhD program in Rehabilitation examine the length of time to complete the doctoral program and make it possible to complete it in three to four years, instead of the four or five years it seems to be averaging.

The undergraduate program is commended for the curriculum changes it has made in replacing two courses and broadening three. The inclusion of diversity, computer literacy, Medical Aspects of Disability and Chronic Illness, Helping Strategies and Case Management, as well as broadening course work to cover human services professions infuses the program content to make the course work relevant and current with the changes in the field. The mission statements and goals for all three degree levels are comprehensive, set appropriate standards, and are outcome-based. The undergraduate program mission statement should be expanded to better reflect the program outcome success; that is in addition to preparing human service workers, it also prepares students for graduate study.

The undergraduate program is an unlimited access program, working very well and growing at a steady rate. The master's and doctoral programs have a constant and healthy enrollment. The bachelor's program has 54 students listed as majors; 32 students are being processed for a

total of 86 majors and 9 minors, totaling 95 students served. This is higher than the figures reported to the BOR and should be adjusted. The bachelor's program has had an approximate 34% increase and indicators appear to show it as a growth area.

The availability of summer offerings for undergraduate students is problematic. There is very little available. At the Department level, overall faculty give higher priority to graduate programs. Another faculty position of 1.2 FTE to cover the full academic year and summer is needed to address the increasing student enrollment and course workload.

II. Students

Students in all three program levels are high caliber, both academically and in clinical practice. The program is doing an exceptional job recruiting and retaining students with a rich mix of diversity from both a cultural basis and persons with disabilities. Student satisfaction with the programs would be rated as outstanding. Students demonstrate a high level of respect, appreciation, and satisfaction for the program opportunities and training, and the Rehabilitation faculty involvement with them. Placement appears to be excellent with almost all students placed in direct service positions and others going on to further graduate study. The program has not systematically collected outcome data. It would be of great assistance to the program to collect outcome data on students, including placement in jobs, going on to graduate studies, and general satisfaction.

The master's level is the only level requiring certification. The accrediting bodies have not shared pass rates of students with the programs. Again, it would be useful for the program to request the certifying bodies for the information or devise a systematic way for students to report their outcome.

III. Faculty

The dean of the college is very knowledgeable about the programs and highly supportive and appreciative of the faculty. The department chair demonstrates exemplary leadership capabilities. Her work with the faculty displays an eloquent professional style, which reflects charm, power, and efficiency, and makes her a respected and credible leader with the faculty.

There are 3.0 FTE faculty assigned to the program who are recognized and respected as teacher/scholars in the field. Based on student and graduate reports, the faculty teach with a contagious enthusiasm and master teaching ability. The faculty and adjuncts are dynamic, student-oriented, and infuse students with a tremendous motivation to do their best and make learning enjoyable. The faculty and adjuncts are exceedingly accessible to students and go well beyond academic advising to mentoring, coaching, and guiding students to professional careers.

It is important for faculty to conduct research, share finding through scholarly publications, and encourage research utilization. The faculty have an extensive record of scholarly activities and are recognized for their dissemination and utilization efforts. Most notably, they take great care to include students from all three program levels in many of their scholarly pursuits, offering them not only a unique learning experience, but also exposure to and recognition within the profession.

The faculty workloads meet and beat the workload requirements for the University and average class sizes are larger than the ranges set by the University. The Rehabilitation faculty merged with the Psychological Services in Education four years ago. As with any merger, it takes time. The relationship is evolving in a healthy and productive manner, but there is also much work to be done. The three Rehabilitation faculty seem to contribute more to the

Psychology program than the other Psychological Services in Education faculty can contribute to the Rehabilitation program. The faculty of Psychology Services in Education place a greater emphasis on graduate programs and graduate students, minimizing the efforts and resources to the bachelor's program in Rehabilitation. With three degree levels, increasing student enrollment, and the need to sustain the newly approved APA program in Counseling Psychology, there is a need for an additional full-time faculty member assigned to the Rehabilitation program and more resources allocated to conduct rehabilitation course work during the summer.

The Program has excellent representation of faculty with disabilities, but no ethnic minority representation. It would strengthen the program to focus attention on efforts to recruit a minority faculty member into the additional position. Given the scarcity of doctorally prepared minority faculty in rehabilitation and the low salary levels available, it may be more effective for the unit to avail itself of the policy exception the University allows for hiring its own graduates who are considered minority.

Faculty salaries are low and there are serious compression problems which need to be addressed. Using the private sector as a comparison, faculty salaries would have to be doubled to be competitive. In relation to faculty salaries in other rehabilitation programs around the country, FSU rehabilitation faculty salaries rank about 48th out of the 50 states.

IV. Resources

The program has adequate facilities for clinical training, classroom and administrative activities. The institution as a whole provides good services to students with disabilities and the institution also appears to be aware of, and attempting to comply with, the ADA. Computer labs

are good and appear well-integrated into teaching and course work. Funds for maintenance and repair should be earmarked to address costs associated with the upkeep and replacement of computer technology.

The Dean is supportive and the faculty are enthusiastic and eager to develop distance-learning opportunities. Recent attempts to meet community requests for distance-learning were unsuccessful because of high costs charged by the Center for Professional Development. Arrangements should be made to allow distance-learning opportunities to be offered on a competitive basis.

The faculty have an outstanding record of obtaining external funds for both research and training opportunities. The external funding not only brings recognition to the program, but also provides sizeable financial assistance to the students. The University policies on faculty buy out time and use of salary savings money for faculty, as well as the dispersement of some of the indirect costs back to the Principal Investigator, should be seriously considered. The current practice of not allowing faculty to buy out more time and obtain some indirect costs back is creating a disincentive for faculty to pursue external funding.

V. Response to Previous Program Review

The program faculty, Department Chair, Dean, and institution have responded fully and admirably to the 1988 review. The Program has undergone a reorganization and was merged with the Psychological Services in Education unit four years ago. This has proven to be a most successful pairing. Curriculum changes place the program at the cutting-edge for their field and the faculty have worked diligently to make the articulation agreement work in an unlimited access program.

VI. Strengths, Needs, Recommendations

Strengths

1. The administrative support of the Dean and Department Chair is a predominant strength for the program.
2. Faculty teacher/scholars mentor and involve students in the profession and are very accessible to the students.
3. Each of the programs and curricula are continually revised and updated to meet the evolutional changes in the profession brought about by health care reform and managed care systems.
4. Success in obtaining external funding to benefit students and research.
5. Growing undergraduate program with more than 50% of students transferring from community colleges.
6. Extensive networking between the Rehabilitation program and community service programs resulting in both clinical internships and job placements for students.
7. CORE accreditation for the Rehabilitation program and accreditation of related programs, i.e. APA approved doctoral program.
8. Adequate space for instruction, research, and administration which accommodates ADA concerns.

Needs and Recommendations

1. Develop a system to collect outcome data on students, admissions, rankings, job placements, satisfaction of employers, pass rate on certification exams, etc.

2. Develop a working relationship within the University to support and enhance distance-learning activities.
3. Continue to meet ADA requirements to make facilities fully accessible to faculty and students with disabilities by next review period.
4. Adjust Rehabilitation faculty salaries for compression and salary inequities.
5. Modify University policy and procedures to develop a research incentive award to address faculty interest in funding summer employment through their contract and grant funds, rather than being required to buy their time during the academic year.
6. Allocate an additional 1.2 FTE faculty hire for the Rehabilitation program, preferably an ethnic minority, to work full-time in the academic year plus summer.
7. Utilize University exempt policy to hire minority faculty or establish a "grow your own" program grooming a minority student for a faculty position.
8. Examine the length of time to complete the PhD program and make it possible to complete the program in less time. (i. e., three to four years)

Department of Communication Disorders

Programs: BS Communication Disorders

MS, PhD Speech-Language Pathology

I. Program

The Department of Audiology and Speech Pathology in the College of Communications at Florida State University currently offers a preprofessional undergraduate degree in communication disorders, a Master's and a PhD degree in Speech-Language Pathology. The Department appears to facilitate the Articulation Agreements with community colleges in admitting students to the undergraduate program. Through careful planning by the faculty, the Department meets the 120 credit hour requirement for the bachelor's degree. The undergraduate program is a limited access program that has increased in size over the past few years from 50 to 60 students in the third year classes and is currently increasing from 60 to 75 students to meet the demands for increasing enrollment.

Pressure to increase enrollment in the undergraduate program appears to have a serious negative impact on the quality of the current undergraduate program. Students suggested that the University simply does not have the needed resources to increase the size of the undergraduate classes. The infrastructure is lacking, e.g., currently individuals who minor in communication disorders are not allowed to complete laboratory assignments in one class because of the lack of laboratory facilities. Students complained of crowded classrooms and had serious concerns about the declining quality of instruction due to the increase in class size. They expressed serious concern about the lack of the availability of individual help from the instructors as the

classes increased in size. There are also appropriate concerns about a decrease in the quality of advising which the students indicate has always been a strength of the Department. Finally, the University lacks classrooms large enough to accommodate the classes.

The undergraduate program in Communication Disorders has potential for growth if the scope and the mission are changed. For example, there are many courses in the Department which are appropriate for meeting the general education requirements for students in other majors. Perhaps, enlarging the scope of the degree would allow for growth of the undergraduate program in this Department. However, major changes in the scope and mission of the undergraduate program will require additional resources in classrooms, teaching laboratories, faculty and/or graduate teaching assistants and teaching materials and equipment.

The master's program in Speech-Language Pathology is an accredited program. The Department maintains outcome data in the form of national examination scores and consumer satisfaction data (both student and employer) to support their claims of excellence. The on-campus enrollment is limited by the availability of the practicum required to maintain accreditation.

To respond to the documented shortage of speech-language pathologists in the public schools in Florida, the Department has developed a distance learning program at the graduate level. The distance learning program is an area of potential growth which would require additional resources. Current graduate student/faculty and staff ratios could be increased; however, this must be done carefully so that accreditation requirements are not jeopardized by increasing the number of students in the distance learning program. The Department should proceed cautiously, however, and insure that appropriate student support mechanisms for these

non-traditional students are in place. Also, faculty must have an opportunity to develop the different pedagogical skills required for an effective distance learning program. Outcome measures identical to the ones currently used for on-campus students should be used to demonstrate that the quality of education in the distance learning program is comparable to the program on campus.

The Program offers excellent opportunities for doctoral education. Current national enrollments in doctoral programs in the discipline will not meet the projected needs of doctoral level faculty. Therefore the doctoral program is an area of potential growth which could be accomplished without major increases in additional resources. The potential is here to move to the top level of competition with other Carnegie I research institutions in this discipline. Additional doctoral level stipends will be needed to attract the quality of student needed to reach this level. However, those stipends could easily be funded by increasing the scope of the undergraduate program and using graduate teaching assistantships to provide the instruction. The Department should continue to explore the feasibility of a joint doctoral program with the University of South Florida and with the University of Central Florida because they may have the resources and expertise to develop successful programs which could result in considerable cost savings to the State of Florida.

The name of the Department was changed more than 10 years ago to reflect changes in the discipline and in the professions. However, the Board of Regents has not changed their classification and the degree program is still classified as Audiology and Speech Pathology. The program no longer offers the M.A. program in audiology and the name and degrees offered by the program reflect the changes which were previously approved by the Board of Regents.

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II. Students

The quality of both undergraduate and graduate students is very high as documented by student outcome data and interviews with students. Student outcome data in the form of performance on the national certification examination and the results of an ongoing process of obtaining alumni and alumni employer evaluations are regularly obtained and evaluated by the Department. The results of these evaluations are exceptionally high. The students are mature, highly motivated and energetic.

The Minority Student Recruitment and Retention Program developed by the Department is an indication of departmental commitment to a demonstrated need. Faculty leadership in this program is impressive. The minority enrollment at the graduate level has been relatively stable, ranging from 13% - 19% per year (1992-1995). The undergraduate program has graduated cohorts composed of 16% minority students per year on the average, since 1992. The Department has adopted measurable goals to demonstrate the effectiveness of the program and meets those goals. The University should consider expanding the program developed by this Department to recruit and retain minority students to other departments .

III. Faculty

Faculty in this Department continue to provide an excellent example of superior teaching, research, and service to undergraduate and graduate students and to citizens in the State of Florida. During the past eight years, the faculty have been engaged in an ongoing process of self-study. They defined their priorities, dropped the M.A. degree program in Audiology and

reallocated the resources to strengthen the graduate degree programs in Speech-Language Pathology.

The faculty are productive and obviously take great pride in the quality of their teaching, research and service. The quality of the clinical faculty/staff is also a major strength in this department. They provide cutting-edge clinical education and supervision to the graduate students. The appointment of a new Chair and especially the recently appointed Associate Research Scientist, provides this Department with the additional potential to expand their research achievement and to add to national prominence in many new areas of research.

The faculty salaries in this department are below the salary levels in peer programs. The following table containing data from the AAU Data Exchange Disciplinary Assessment Survey for 1994-95 illustrates the salary differences.

University	Asst. Professor	Assoc. Prof/Scholar Sci.	Full Professor
Florida State University	$38,279	$39,114	$55,691
U. of Wisconsin	42,188	47,881	64,571
U. of Maryland	37,000	50,000	65,000
U. of Minnesota	42,094	46,468	71,450
Michigan State	40,875	47,878	68,493

IV. Resources

The Department is remarkably efficient in the utilization of the resources available to it. Space is adequate to meet the current needs of the Department and the clinic. However, additional expenditures will be necessary if the Department enlarges the scope of the undergraduate program, enlarges the size of the distance learning program at the master's level, increases the amount of degree-related research at the master's level and/or increases the size of the doctoral program.

Library resources, e.g., the availability of periodicals, especially for the newer areas of research competency, are questionable. The faculty and staff make their own personal journals available to students to complete assignments. Also, students indicated that they often travel to Gainesville to have access to needed library materials in order to complete assignments. "Intellectual browsing" in the University library within the discipline is not an option for graduate students in this Department. A comprehensive review of the availability of appropriate library resources to meet current and future needs of the faculty, professional staff and students in this Department is needed.

V. Responses to Previous Program Review Recommendations

In the previous Board review, the recommendation was made that the Department should be "considered as one of Florida's Centers of Excellence." There is no evidence that this recommendation resulted in any benefits to the Department. It is important to note however, that the Department and the University have responded positively to recommendations in previous accreditation reviews.

VI. Strengths, Needs and Recommendations

A. Strengths

This is an exceptional program and the major strengths may be summarized as follows:

- There is a highly qualified and energetic faculty who take pride in the quality of their teaching, research and service. The research laboratories are productive and are

contributing to the knowledge base of the discipline. The potential for further development of the research laboratories is very good.

- Leadership in the Department has been outstanding in the past and the future looks equally promising. Strong support from the Dean and the faculty has further improved the effectiveness of the Chair.
- The quality of the students at all levels is very high.
- The Minority Recruitment and Retention Program developed by the Department is impressive. The Department has adopted measurable goals to demonstrate the effectiveness of the program.

B. Needs

Assuming the continued support at the College and upper levels of administration, the needs of this department may be summarized as follows:

- Additional funding for graduate student teaching or research assistantships for doctoral level education is needed to make the program competitive with other doctoral level programs in the region. Part of these assistantships may be funded through additional teaching assistantships if the undergraduate program is changed. More funding may be obtained by the development of interdisciplinary research grants by the faculty.
- Additional equipment is needed for teaching and research in the areas of acoustical measurements of speech and language. A listening laboratory for teaching and research in phonetics is also a major need.

VII. Recommendations

1. Change the name of the degree program at the undergraduate level to Communication Disorders and change the name of the degree program at the graduate level to either Communication Disorders or Speech-Language Pathology depending on the faculty's preference.
2. Maintain the limited access program designation for the undergraduate pre-professional program and return class size to 60 or less. Consider enlarging the scope and/or mission of the undergraduate program to meet the increasing demands of increasing enrollment.
3. Maintain the current M.A. program in Speech-Language Pathology. Consider increasing the size of the distance learning program to help alleviate the shortages of appropriately educated speech-language pathologists in the public schools in Florida.
4. Enlarge the doctoral program in Speech-Language Pathology. Some suggested mechanisms are: (a) investigate the feasibility of developing interdisciplinary programs within the University; (b) increase the number of theses at the M.A. level to increase the applicant pool for the doctoral program; and (c) provide needed periodicals for new areas of research competency in the Department.

SUMMARY

The Department of Communication Disorders in the College of Communications at Florida State University continues to remain one of the premier educational programs in the University. With the strong support of the College of Communications and throughout all levels of

administration, the Department has utilized the results of continuous self-study to maximize resources. The result is excellence in all of the programs which include teaching, research and public service. In short, the Department provides high quality and cost-efficient undergraduate and graduate educational programs to the citizens of Florida.

Department of Nutrition, Food and Movement Science

Programs: BS, MS Nutrition and Food Science

PhD Tracks in Food, Nutrition, Dietetics

I. Program

The Department of Nutrition, Food and Movement Science continues to be a strong department. The Department offers three undergraduate programs of study: nutrition and food science, dietetics, and nutrition and fitness. The Department also offers master's and doctoral programs in Food, Nutrition and Movement Sciences. The PhD programs are offered as tracks under the PhD in Human Sciences. The departmental emphasis in nutrition and fitness positions the Department more in line with national directions in health promotion. This combination of nutrition and exercise science will foster the development of professionals in both areas and therefore these professionals will be better prepared to address the health needs of Floridians and the country as a whole.

The dietetics program is accredited by the American Dietetic Association. Within the MS degree, majors include clinical nutrition, which is accredited as an AP 4 program by the American Dietetic Associates. There is no formal accreditation available for the other programs. Overall, the curriculum appears appropriate and well grounded in the sciences. However, given that most of the graduates become nutrition and/or exercise professionals, more emphasis should be placed on developing counseling, communication, and management skills. More "hands on," practical experience should be built into the curriculum. Some of the employers and preceptors expressed that graduates lacked practical experience in both clinical and management skills. In

addition, more emphasis should be placed on community-based, rather than hospital-based, training since more nutrition services are now being be offered in community-based settings and this trend will continue in the future.

Given the demographic and geographic situation in Florida, i.e., aging population, rapid population growth in several areas of the state, and long distances between university programs which offer professional training in these areas, a greater emphasis on the use of Distance Learning is recommended both for courses as well as for faculty collaboration within the University System. This would allow faculty to address student demand and to form teaching and research collaborations with colleagues around the State. However, this should not be undertaken without resources to support this effort: dedicated distant learning classrooms with technical support, teaching assistants for faculty, as well as additional "special" teaching materials which might be required for adapting on campus courses for distance learning.

II. Students

The consultants were unable to meet with representatives of the undergraduate student majors. However, they were able to meet with several graduate students at both the master's and the doctoral levels. Students believed the faculty were very good professors, who were well prepared and created an atmosphere for learning. Students felt supported and encouraged by the faculty and all were pleased they had chosen FSU for graduate education.

In discussion with the faculty and upon reviewing the program materials, the admission criteria and procedures are clear and appropriate. The program has a high graduation rate, and students are able to successfully complete the ADA registration exam. (Pass rate=100%).

However, undergraduate class size in upper division courses is a real issue. Presently, classes are fully subscribed and often have 60-80 students in professional courses. This is difficult for both students and faculty to manage and leaves little opportunity for teaching innovation.

III. Faculty

The faculty in the Department are strong individually. All are involved in teaching, research and service and doing well in the face of limited resources. The faculty expressed concern that they were expected to address competing pressures: the pressure to grow the undergraduate program and the pressure to fund and conduct research that placed them in the top 20 programs in the country. In addition, the service expectation exists but there is no reward or support for this activity in salary negotiations, promotion/tenure reviews, and the "lower" status of service vs. research grants within the University.

Although the faculty are strong individually, they do not have a collective vision for the Department as a whole. As a result, the faculty do not act as a whole but still function as separate program units. For example, they have identified the need for a new degree in exercise science as their first priority but have not sought a combined degree in Nutrition and Fitness although they have a major program of study in this area. This combined degree would fill a real need in health promotion and create a unique niche for this faculty. The Program has a new Chair who is supportive and would welcome the opportunity to work toward a collective vision.

Faculty currently have very heavy teaching loads with large classes at the undergraduate level. They believe this is necessary to "meet the market," i.e., student demand. They have no funds to upgrade teaching materials and laboratories and do not have graduate teaching assistants

assigned to large classes. This places a large burden on faculty time and impedes the development of research projects. In addition, faculty do not receive any of the indirect funds they generated from research projects. Thus, grant writing in the face of these obstacles is difficult.

In order to improve teaching and research in the Department, it is first necessary to improve working conditions for faculty by decreasing teaching loads, providing GTA's and rewarding research faculty with some of the indirect funds they generate.

The Department does not make use of adjunct and clinical faculty. None were used this past academic year. These types of faculty could provide some relief from the teaching loads and bring in new ideas to the Department from the community. Again, funding will need to be provided for these faculty.

Overall, the faculty as individuals are doing well, yet feel overburdened. Some redirection may be necessary but should not be undertaken until a departmental vision is clearly formulated.

IV. Resources and Space

Since the current dean has been in place, departmental resources have continued to grow. Some faculty have good space and support for lab animal research. Other faculty have pieced together resources to support small research projects and succeeded in publishing them. Some faculty have been successful in securing funds for community-based research. Overall, this faculty is making good use of the resources they have available. Based on this, they would be a good investment for the University if additional resources became available. Their permanent space is being remodeled and they are housed temporarily in several places. It was impossible to assess space due to this circumstance.

The faculty works well in articulating with community colleges. They provide yearly updates to these colleges and seek to work closely with students from these colleges who attend FSU. However, many community college students do not begin their chemistry prerequisites at these institutions. This delays their entry into junior level courses and results in an additional semester of work at FSU. The new statewide common prerequisites should alleviate this problem.

In summary, the Department has many strengths including:

1. A strong science-based faculty
2. An active tradition of excellence in teaching and research
3. Good students who do well on the ADA registration exam (100% pass rate) and who compete well for graduate schools
4. A very supportive Dean
5. Strong community support for the program and its graduates.

The program is doing well in spite of resource constraints.

V. Recommendations

1. The faculty need to pool their individual strengths to develop a departmental vision and focus.
2. The Department should be able to offer a new degree program in exercise science in addition to nutrition science in order to reflect both their program areas.
3. The Department should consider offering a new combined degree in Nutrition and Fitness, focusing on health promotion. This would truly be a unique niche for this combined program.

4. The reward system for teaching and research should be re-examined to address funding for teaching assistance, reallocation of indirect cost reimbursement, funds for course release, and improving support for those applying for grants.
5. The issue of articulation with community colleges should be addressed especially as it relates to Introductory Chemistry and Introductory Nutrition.
6. Intercampus collaboration work should be encouraged and supported. Campuses within the System could form working groups to address issues of shared interests.
7. The use of distance learning should become an integral part of the program offerings.
8. Some laboratories need upgrading and resources to support them should be made available if faculty and students are to remain current with the environment.
9. Faculty salaries are low compared to other Departments of similar size within the Southeast. The University should attempt to address this issue.

FLORIDA A&M UNIVERSITY

Unlike the previous Board of Regents reviews (1983 & 1988), this review focused on only two divisions within Florida A&M University (FAMU) School of Allied Health (SAH), i.e. occupational and respiratory therapy, rather than every academic unit operating under the school administration. The physical therapy program was reviewed several years earlier and the remaining programs will be reviewed next year. To understand the direction of these two divisions, a brief statement regarding the University's strategic vision and how the SAH relates to this vision is a necessary element that informs the Regent's review.

The vision of the University is to become a premiere urban university grounded in community-based academic programs. Its aspiration is to establish a strategic model that moves towards strengthening the undergraduate offerings while carefully developing and selecting master's and doctoral level degrees. The SAH plays an important role in assisting the University in realizing the vision in the following manner: 1) the school's programs are unique and of high quality, thereby strengthening the University's status as an academic institution of high quality, 2) the University's diversity requirements are greatly enhanced by these programs. This is critically important because of the University's traditional mission, i.e. to educate African-American students and 3) the traditional mission of providing educational opportunities for the African-American community is maintained while fulfilling its strategic objective of increasing the supply of allied health manpower for the State.

Towards realizing its vision, the University has identified expansion of allied health programs both in terms of increased student enrollment and initiating new programs as a high

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priority. In furtherance of this priority, the school began a new allied health program in occupational therapy subsequent to the 1988 Board of Regents review. The Program has been an extremely attractive and successful addition to the range of academic offerings in the school as it fulfills many of the strategic objectives of the University. The success of the occupational therapy program, coupled with the student demands on the other allied health programs, places the SAH in an enviable position of being a major academic resource for the state. Thus, in the overall system of higher education for the State, FAMU is providing a significant and compelling public service through its academic programs in the SAH.

Response to Previous Board of Regents Review (1988)

Since the last Board of Regents review, the SAH has made substantial progress in strengthening the quality of its academic programs. Specifically, the school has made a detailed analysis of its current space requirements. The findings were that there is insufficient space for program expansion. The school recently located additional space in an annex to accommodate current space needs. Given the shortage of space and the importance of these programs, the need for a new allied health facility has been established as a number one priority. The School has developed a computer learning lab for all allied health students. This is a comprehensive lab with a wide selection of software programs in support of the students academic requirements. A student lab technician is available to assist students. A simulation lab for the respiratory therapy students has been developed and is now operating. The simulation lab is designed to provide students with program instruction, skill drills, clinical simulation testing and tutorial testing. There has been an increase in the level of secretarial support, but with the addition of a new

program, occupational therapy, and the increase in student enrollment in all programs, the increase in clinical support has not kept pace with the school's growth. The University administration has encouraged the school to pursue a faculty practice plan as a mechanism to generate additional faculty and financial resources in support of the various curricula. This has not, as yet, been accomplished but is high on the school's agenda. In conclusion, what the team found was that the school has responded diligently and forthrightly to the last Board of Regents review, and while there remains some unfinished business primarily generated from the challenges resulting from starting a new program and the increase in students, the school has developed a realistic plan to address these new challenges while finishing its old business.

Occupational Therapy

Programs: BS Occupational Therapy

I. Program

The Florida A&M program in occupational therapy was established in 1989 subsequent to the last Board of Regents review. This is the third program in the state of Florida. Its avowed purpose is to prepare students for service in Florida and to meet the severe manpower shortage in the southeast area of the country. The curriculum is designed to meet the health care needs of the rural and urban, poor, minority population and older Americans in traditional and non-traditional health care settings. The faculty and students understand the program's purpose and could readily identify where in the curriculum the purpose was specifically emphasized.

The curriculum is well integrated and sequenced to offer the students a quality academic experience. The program has received a waiver of the 120 credit hours requirement for the BS degree. The approved curriculum is for 128 credit hours. Both the students and faculty state that this is an extremely intense, but manageable curriculum. The students indicated that for the most part they were satisfied with the curriculum. It was their feeling that while the program could incorporate more course credit hours, the faculty have made additional time available outside of the formal classroom setting which compensates for lost hours. While approximately one-third of the students are admitted from community colleges through the articulation agreement, the process has not been without its difficulties. For instance, some students reported that the prerequisite courses, through the articulation agreement, did not adequately prepare them for the rigorous professional curriculum. A few of the students have experienced problems in fulfilling the prerequisite course requirements because either the courses are not offered on a regular basis or lack the academic rigor required for the Occupational Therapy Program. One student indicated that prerequisite courses were not offered on a regular basis and resulted in her taking five-and-one-half years rather than the expected four years to graduate primarily because the articulation agreement was not tightly coordinated and/or organized.

The faculty were very positive about the direction in which the program is proceeding. It is the faculty's feeling that they are meeting the professional standards for a quality academic program while fulfilling the strategic purposes of the University. The latter is partially accomplished through a course in human development and unlike most occupational therapy programs, through the students required participation in four, Level I field work rotations, rather than the standard two rotations. Even though the program is of good quality, there is room for

more efficiency in the curriculum. For example, OTA 47G1-organization and administration, OTH 4762 - research seminar in occupational therapy, and OTH 4934 - senior seminar in occupational therapy concepts, could be offered as combined college level courses for all allied health students with course projects designed toward the professional specialty areas as opposed to having these as separate division courses. To accomplish such efficiencies, the college faculty would need to collaborate on curriculum development. This would be in keeping with the PEW Commission recommendation which stated that allied health personnel should become more integrated and collaborative in these education, training and practice modalities with other health personnel. Specifically, the report proposed a strategy "to improve the linkages among allied health practioners and within allied health education."

This continues to be a limited access program. There is an extremely high demand for seats in this professionally attractive program and resources for program expansion are minimal. Notwithstanding the limited resource base, the school wisely uses these limited resources to support the student learning objectives. The school administration is supportive of the program and diligent in creating and maintaining an environment that nurtures program growth through faculty development.

Finally, because of the 120 credit hours limitation, there is minimal opportunity for students to pursue upper division general education and/or elective courses. In effect, the students are enrolled totally in a specialized professional curriculum during their junior and senior years. There is no doubt that the students are meeting the professional curriculum depth requirement but at the upper division there may be some breadth deficits. The combining of some college level courses could open up opportunities to revisit the breadth requirements.

Overall, the occupational therapy program has evolved into a sound, well conceived and well run program; it has experienced a remarkable development period. During the past seven years, the faculty have generated considerable support for the program both internally and externally. The Program received initial accreditation in 1991 for five years and subsequently was reaccredited (1996) without deficiencies. The 1996 site visit team did make a number of significant suggestions related to broadening or enrichment of the program. These were important recommendations and we urge the school to give them serious consideration.

II. Students

The admission procedure for the occupational therapy program is well defined and delineated throughout the University. There are the initial steps in the admissions process which include preliminary screening and transcript analysis. The second step is the selection phase which includes factor analysis and personal interviews. The final step is acceptance of the new class. Given that this is a limited access program, it was imperative that the program develop a well defined admissions process, i.e. one that ensures fairness and is equitable. The process must also mesh with the SUS articulation mandate, which it does, and in the final analysis, select students who will not only meet the standards of the occupational therapy profession but who fulfill the mission requirements of Florida A&M. The review revealed that not only is the admission system fair and equitable, it is: 1) for the most part, meeting the articulation requirements of the SUS, 2) preparing students to meet the professional standards of occupational therapy, and 3) fulfilling the mission of Florida A&M.

Since its beginning, the occupational therapy program has had an impressive rate of growth. The charter class included 12 students; the number of new enrollees for the fall of 1996 was 34. There are presently 64 students enrolled in the professional program. The school reports that the first class had a one-hundred percent pass rate on the occupational therapy licensure examination. To attest to the programs continuing quality, the program has a high pass rate for first time takers on the licensure examination and a one-hundred percent passage rate when you include repeat takers. Prior to 1996, ninety-one percent of the total number of graduates passed the licensure examination on the first attempt and one-hundred percent of the total graduates are licensed and are employed as registered occupational therapists. The Board pass rate dropped slightly for the last group (1996) to below eighty percent. The results were only recently received and, therefore, a detailed analysis has not been completed.

The program has a good mix of students, ethnically and racially. The students and alumni are extremely satisfied with their education. A survey of the alumni revealed that some of them do not feel that they were adequately prepared for graduate school. Several alumni indicated during a group interview, that they considered themselves well prepared for graduate education and a number of them are planning or had already enrolled in graduate programs. Several of the clinical instructors indicated that the students were lacking in writing skills. On the other hand, in a student survey, the respondents rated themselves as above average in writing, suggesting that in their view the writing instruction was more than adequate. The faculty felt that there was adequate writing instruction provided for students. It is clear that there are perceptional differences between some segments of the professional community, the students, and the faculty, in terms of the adequacy of the students' writing levels/requirements.

III. Faculty

A strength of the program is faculty dedication and commitment to providing the student with a quality educational experience. The Program experienced a tragic leadership loss earlier this year. The Division Director died unexpectedly in January 1996. He had been a practicing occupational therapist for many years. His untimely death was a major loss to the program, the University and the profession. A new Division Director was appointed in August 1996. It is expected that he will provide the leadership to carry the program well into the 21st century. While the new Division Director is a seasoned therapist, he has limited experience in higher education. His lack of higher education experience is offset by his broad range of experience in other venues and will add new perspectives to the program. He is highly respected by faculty and students, and enjoys considerable support from administration.

The faculty serve as positive role models in and outside of the classroom and engender respect and appreciation from the students for their caring and nurturing support. Much of the students' positive regard for faculty derived from faculty working many extra hours with students. The faculty work well beyond the normal work hours to ensure that the students understand theoretical concepts, the practice principles regarding the occupational therapy process and are adequately prepared prior to entering Level II field work assignments.

The faculty are service-oriented and quite productive in terms of community service. The faculty involvements are a significant strength of the program. Faculty serve in a variety of leadership roles, in civic organizations and professional associations at the local, state and national levels. On the other hand, the faculty scholarship, i.e. basic and applied research

productivity, is an area of weakness. Notwithstanding the basic and applied research issue, the Dean advises that with the opening of a soon-to-be-completed research facility, new and exciting collaborative research opportunities will become available and faculty should then be able to increase its production in terms of both research and training grants.

The program effectively integrates adjunct and clinical faculty in support of its curricular objectives. The recent history of a shortage of full-time faculty necessitates the use of more adjunct faculty. There are three full-time faculty including the director, two adjunct faculty, and two unfilled positions. Given the faculty workload, it is imperative that the school set as a high priority the hiring of additional full time faculty as soon as possible. The faculty have not complained about the workload even though it is extremely heavy. With a full complement of faculty, it would not be unrealistic to expect a corresponding increase in faculty scholarship.

IV. Resources

FAMU provides ample resources to support and maintain the current level of program operations. Since the start-up of the program there has been an allocation of classroom space, dedicated laboratory space, equipment, and faculty line items have been included in the regular University budget. The University library facilities are adequate to support the academic needs of students and faculty. The on-campus library is a modern, centrally located, well-equipped, accessible facility, capable of meeting the current and future needs of the SAH. In addition to the main library, the faculty and students have access to the library located in the College of Pharmacy and Pharmaceutical Sciences. The primary weakness within the SAH is in the area of space, namely the classrooms and specialized labs. Note: At the time of the 1988 Board of

Regents review, it was mentioned that the SAH was squeezed for space. This observation was prior to the school starting the occupational therapy program and, thus, did not project nor anticipate the additional space requirements for the occupational therapy faculty and students. It is clear that to increase student enrollment without additional space is not possible at this time. Further, the lack of space would dampen attempts to begin new allied health programs including graduate education. The current allocation of faculty resources for clinical coordination is .50 FTE. This appears inadequate to develop, coordinate, supervise and evaluate Level I and II field work assignments for 30 junior and 34 senior students. Moreover, the Program maintains well over 150 clinical affiliations to ensure appropriate field work experiences for the students. Clinical education is a vital curriculum component for occupational therapy education and essential for a quality education program. Since the clinical experience is to enable the student to transition to professional practice, every effort must be made to ensure the quality of this curriculum component. Given the size of the occupational therapy program, a minimum of one full-time position should be allocated to support clinical coordination and related clinical functions.

Respiratory Therapy

Programs: BS Respiratory Therapy

I. Program

The SAH offers the Bachelor of Science degree in respiratory therapy. The Program began in 1983 and has since experienced sustained and purposeful growth.

The program has a solid curriculum foundation which is grounded into three components: 1) a pre-professional phase - this component includes students who are enrolled in prerequisite courses, 2) an entry level phase - the basic entry level professional content and skills are taught and 3) an advanced phase. In the advanced phase, the curriculum emphasizes professional advancement in clinical practice, administration, education and research. The Director advises that the framework around which the curriculum has been organized is an integrated approach to the wellness-illness continuum utilizing a problem-based curriculum format to enhance critical thinking and clinical reasoning. For the most part, students and alumni were satisfied with the program. The most common complaint was the need for additional laboratory and classroom space.

While there is a shortage of space, this is not a limited access program. The demand for the program does not warrant a limited access designation. The program may, however, become a limited access program in the near future. Specifically, an outstanding potential pool of students from which to recruit for the program, namely, the pre-pharmacy students who are not admitted into the school of pharmacy, are ideal candidates for respiratory care. These students are well prepared in the sciences and possess the motivation to be in the health professions. The Program maintains excellent internal and external relationships. It affiliates with five clinical sites for student rotations that provide unique training and educational experiences. The program is technology intensive. The faculty has integrated a simulated computer lab to complement the classroom, laboratory, and clinical instruction. Students are given the opportunity to engage in program instruction, skills drills, clinical simulation testing and tutorial sessions. The team interviewed several recent graduates who indicated that the simulation lab was an invaluable addition to the Program.

The Program was initially accredited in 1986, reaccredited in 1991, and is scheduled for a reaccreditation site visit later this year. The primary concerns from the previous visit have all been addressed.

The Program has received a System waiver of the 120 credit hours requirement for the BS degree in respiratory therapy to 128 hours. Previously, the Program required 136 credit hours for completion. The faculty and several of the clinical instructors indicated that there are insufficient clinic hours to produce well trained therapists. The concern is that the clinical contact hours were reduced in order to conform to the 120 credit hour degree requirement. The real challenge for the Program in regard to the credit hours and curriculum integrity is primarily related to a proposed program name change to cardiopulmonary science. The self study states that, "the cardiopulmonary science title more accurately reflects the revised curriculum and will be more marketable. The new title reflects an expanded course of study which emphasizes cardiovascular physiology, cardiopulmonary pathophysiology and hemodynamics and cardiopulmonary diagnostics and disease prevention." The expanded curriculum should be viewed from a multi-skilling perspective, i.e. a student trained as both a respiratory therapist and cardiopulmonary technician. In this context, it is necessary to further modify and perhaps increase the prerequisite and include additional course credit hours to produce a student eligible for certification in both areas. The current BS curriculum may require more than is necessary for the respiratory therapist certification and on the other hand there may be insufficient content for a graduate to become dually certified.

An impetus for the proposed name change is what the team perceived as the feeling of low self-esteem on the part of faculty and students. The faculty articulated that there was differential

treatment by the administration in favor of the other allied health programs. It was indicated that this phenomenon manifested itself in the resource allocation process; namely, fewer faculty line items, lack of full time secretarial support, limited laboratory space and lowest faculty salaries. The students were quite concerned about what they considered inadequate classroom and lab space. Both groups repeatedly expressed the notion that they were treated as second class citizens rather than as equal among equals in the allied health family. While the name change may be the answer to improving the self-esteem problem, the name change should be accomplished in a manner that makes sense pedagogically and professionally.

II. Students

There are currently 35 students enrolled in the professional respiratory care programs (14 juniors/21 seniors). The students expressed satisfaction with the quality of the program and were especially appreciative of the attention and support offered by faculty. At an earlier stage in the programs history, student recruitment was a problem. Recruitment continues to be a problem and the program, while limited in terms of student enrollment, is not designated as a limited access program. Part of the rationale for a name change to cardiopulmonary science is to provide a more attractive name as a public relations and student recruitment strategy.

The Program reports that more than eighty percent of the graduates have gained employment in the state of Florida. The graduates have consistently done well on the national registry examination. The program had a one-hundred percent pass rate on the national Board for Respiratory Care in three of the last five years. The pass rate for the two remaining years was 80 percent. The State licensure results indicated a 75% pass rate for 1993-94. In terms of diversity,

the student enrollment for this program is predominantly African-American female. There have been a number of white males graduating from the program. The program does a commendable job in addressing diversity in both the pre-professional and professional components of the curriculum. This is important because of the diversity of training and employment settings that the student will enter and the multicultural dimensions of the patients they will be assisting. The Program has a unique opportunity to enrich the field by offering a progression program for A.S. degree respiratory therapists. The school could recruit certified therapists and offer them the BS degree in cardiopulmonary science which would lead to certification as a cardiopulmonary technician. There would also be a possibility of offering this progression program via distance learning. The distance learning format might prove more attractive to the full-time therapist within clinical settings.

III. Faculty

The faculty are extremely productive, especially in the classroom. There are two full-time faculty including the program director, one unfilled position, a medical director and two adjunct faculty. A contributing factor to the faculty work load has been the faculty turnover rate. Given the persistent faculty turnover, the remaining full-time faculty must pick up the slack. The regular teaching load for faculty, including the Director, is three courses per semester plus clinical hours. The Director and a former faculty member suggest that the low faculty salary is a major factor in faculty turnover. They advised that salaries in the private sector are more attractive than in allied health education. Another factor contributing to a heavy faculty work load is that faculty have teaching responsibility in the pre-professional lower division component

of the curriculum. The faculty are clinically well qualified but academically, the medical director is the only doctorate prepared faculty. The Division Director has nearly completed his doctorate (Spring 1997). He brings stability and maturity to the program.

IV. Resources

The program makes use of its resources in support of its teaching mission. However, the classroom space is marginally adequate and the simulated lab, while an excellent learning environment, is inadequate for the number of students in the program. The staff support for the program could be improved. Given that the College has four clerical employees to support five divisions, this has become a problem especially when one considers the amount of paper work related to the needs of 35 professional students, tracking the activities of pre-professional students, and coordinating the five clinical education sites that support the curriculum.

V. Conclusions

The overall findings of the site visit and review of the FAMU SAH were encouraging. Indeed, after interviews with faculty (full-time, part-time and adjunct), clinical, students, and various levels of administration, it was clear that these programs are well conceived, high quality, high demand and are delivered in a highly professional manner. It is also clear that the FAMU SAH is performing a major public service and that its programs are mission-driven and are presented in accordance with the SUS mandate. To a certain extent some tensions exist, namely, the 120 credit hours requirement for the BS degree for the professional programs in the highly specialized health curricula and the lack of precision, compatibility, and synchronization in the

application of the inter-institutional coordination of the articulation agreements between FAMU and the community colleges.

Both the occupational and respiratory therapy programs have received a SUS waiver of the 120 to 128 credit hours. While this may not be the ideal situation, it does provide sufficient curriculum extension to offer the students a sound and quality educational experience within the context of Florida A&M's mission. With additional coordination and detailed analysis, coupled with joint faculty development workshops, including the faculties for FAMU, and the community colleges, the curriculum needs and shortcomings could be explored from an inter-institutional perspective in terms of strengthening the institutional articulation agreements. Operationally, the school needs to determine why so many full-time faculty positions remain unfilled. This is a major problem particularly for the respiratory therapy program and has significant implications for faculty workload, teaching effectiveness, student learning and faculty scholarship. The strength of the school, i.e., faculty commitment, student enthusiasm, program leadership, could very easily become a weakness should these programs continue to function without a full complement of full-time faculty.

Finally, a recurring theme for this site-visit was the pressing need for additional space. The previous visiting team (1988) referenced the need to reallocate existing space within the current facility to accommodate the SAH. Note: Allied Health is sharing a facility with the School of Nursing. Both the SAH and Nursing require additional space to accommodate current needs and future expansion plans. The solution is not the review of space allocation in the building housing the SAH, but rather to define through a Project Planning Guide (PPG) the space requirements for allied health for the next 10 to 15 years.

VI. Recommendations

1. The University should give the highest priority to assessing the total space requirements in relationship to the school's academic plan. Expanding existing programs and/or implementing new programs must be carefully evaluated and begun only upon the availability of academic and clinical teaching space.
2. The School should review the articulation agreements to ensure that the students are receiving academic instruction in the systemwide common prerequisites; consistent with the professional curriculum, and are advised into a curriculum pattern designed to complete their education within the prescribed four year period.
3. The advisory committees for the occupational and respiratory therapy programs should be convened on a regular basis to ensure that the academic requirements are consistent with market demands and that the students are prepared according to such demand. Further, the committee should review curriculum requirements including basic skills for graduation, especially writing competencies.
4. A high priority should be given to filling all of the unfilled faculty positions. Additionally, the Assistant Dean's position should be filled as soon as possible, to provide additional administrative support from the Dean's office to the academic programs.
5. Administration should provide more support personnel to keep pace with the increasing needs of the programs; additional faculty to support the clinical education and coordination of programs should be hired, especially for occupational therapy.

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UNIVERSITY OF SOUTH FLORIDA

The site visit to the three Allied Health programs at the University of South Florida was conducted on October 23 and 24, 1996. The three self studies were exceptionally well-written, and all materials needed to engage in a full evaluation were readily available.

The University Consultant visited these same three programs in 1988 as a part of the BOR Allied Health Site Visit. All three programs have made positive changes in these past eight years. The leadership of each program is stronger, the faculty are better qualified, and scholarly production has increased. There is truly a sense of community partnering in all three programs at this time.

The narrative given below provides an account of the consultants' findings and recommendations based on studying the individual programs' self studies and accompanying information; interviewing department chairs, faculty, students and USF administrators; visiting the facilities of the Departments of Communication Science and Disorders and Rehabilitation Counseling. The Medical Technology Clinical Program is in five off-campus hospital sites which were not visited.

Medical Technology

Program: BS Medical Technology

I. Program

Undergraduate students can declare Medical Technology as a major as early as their freshman year. However, program materials explain that completion of the degree is contingent

on admission to a clinical program. In their fourth year the students apply to one of three NAACLS approved hospital programs for their clinical training in Medical Technology. Students who are not admitted into a clinical program may select another option to complete their baccalaureate degree, such as Interdisciplinary Natural Sciences, or Microbiology. In the past, seven hospitals took students from the USF program. Two of those hospitals have now discontinued their participation; one is on hold and one has stopped offering a Medical Technology program. There are various problems under this arrangement, one of which is that, in practice, this is a "limited access" program, although it is not listed as such. Because the Medical Technology certificate is awarded to the student through the hospital program there are problems of academic control of a degree program for the University. The USF campus has been able to work out the academic requisites for the Medical Technology major. Courses which previously were of concern, such as Immunology and Parasitology, have been worked out with the Biology Department to the satisfaction of both the Biology Department and the CLS Coordinator. Students have requested that a course in Hematology be offered at USF to help them prepare for the Hematology and Blood Banking course offered in the hospitals. The Medical Technology "program" is NAACLS accredited via the hospital affiliation rather than through USF. After extensive discussion with the CLS Coordinator, students enrolled in the program, and faculty at Tampa General Hospital, the consultants felt that there was a consensus that the program would be better served to change from the current 3+1 to a 4+1 program. This means that students would complete their BS degrees in Interdisciplinary Natural Science: Clinical Laboratory Sciences and then apply to one of the NAACLS approved hospital sites for their one year certificate program leading to the eligibility to sit for the national exam as well as

the State licensure credential. Articulation of AA students from community colleges is not a problem. The CLS Coordinator is doing an outstanding job coordinating this program.

II. Students

In the current 3+1 arrangement there are some inherent deficiencies in course availability to students, and this may affect their knowledge base on the national exam. Recent information was not available to the site visit team from NAACLS on the national certification exam. This can be obtained from hospital affiliates in that it is required in NAACLS self-study reports. This information would help USF in evaluating their curriculum by examining student performance in all areas examined. The CLS Coordinator indicated she was not able to get this information. A major concern registered by students is the fact they were not well informed about the rigors of the clinical internships prior to starting their clinical affiliations. While this is indicated as a problem it is not reflected in attrition from the clinical program. Alumni/alumnae on the other hand, do indicate that while students complete the program, some may never practice the profession. The exact reasons for this are not known, but speculation is that because there is so little knowledge about clinical work on the part of students going into Medical Technology before they enter their clinical affiliation, and the clinical course of study is so stressful, they burn out and decide not to practice the profession when they are finished. It is strongly recommended that the program have an introductory course or series of lectures for students to better educate them about the rigors of the clinical aspects of Medical Technology before they enter the clinical/hospital part of the course.

III. Faculty

There continues to be need for additional faculty to cover the Hematology and Blood Banking course in the curriculum. Because the courses are being taught by faculty in other departments it is difficult to say if the workload is adequate. There is a good working relationship between the CLS Coordinator and the departments, such as Biology and Chemistry, who teach a number of the students enrolled in the CLS program. There is concern that the workload of the Coordinator is quite heavy. The Coordinator is not an MT, but this does not appear to present a problem with the students, who find that she is a good advocate for the program.

IV. Resources

There is need for an additional course in Hematology and Blood Bank, which the Coordinator says is her #1 priority. Reinstatement of the $500 per student fee paid to hospitals is also needed to cover some costs of the clinical affiliation. This issue is reportedly under discussion.

Rehabilitation Counseling

Program: MS Rehabilitation Counseling

I. Programs

The program in Rehabilitation Counseling has a strong emphasis in "personal adjustment counseling" which is offered along with the more traditional rehabilitation counseling. Students reportedly have no problems in getting jobs or qualifying for licensure and accreditation in either mental health counseling or rehabilitation counseling. The program is CORE accredited through 2003. Exit interview information from students used in curricular changes and reported through the CORE '94-'95 indicates a high level of satisfaction with instruction and preparation for jobs. Comments on weaknesses were related to redundancies in material covered in the assessment areas. One student indicated that he desired more interview experience prior to being placed in his clinical site. He felt there was a discrepancy between the "ideal" counseling situation taught in the classroom and "real" counseling situations he was confronted with at his fieldwork site without the desired supervision and assistance. Comments from individuals who accepted students from USF in their fieldwork environments indicated they would like to see more faculty visit the practicum sites while students were doing field work at the site. This program has a strong and well-qualified faculty and good administrative leadership.

II. Students

This program is doing well with regard to the caliber of its student application pool. There appears to be good diversity across age, race and ethnicity. There is a difference in hour

requirements between the five year master's and the traditional master's (150 hrs vs 180 hrs).

However, the Chair indicates there is no difference in pass/fail rate on national or State exams of these two groups. He also indicates there are only a few students in the five year program. The faculty who were interviewed about this aspect of the program are in favor of phasing out the five year program. They believe the added maturity of the students in the two year master's program is significant, and that the program should be limited to students in that curriculum. Articulation with students from community colleges presents no problems or concerns. Rehabilitation Counseling does not engage in any distance learning programs.

III. Faculty

The faculty appear to be well prepared for their assignments, and the teaching load is deemed adequate. The Chair indicated that he is working toward a 10:1 student/ faculty ratio. He also indicated that there is no desire to increase the size of the student enrollment at this time, but that emphasis was being placed on increasing the quality of the students and their education. The faculty have special and diverse research and clinical interests which add to the diversity of the curriculum. There are a number of adjunct faculty, both from private practice or employed by related agencies from the community, who add their strengths to the teaching faculty of the Department.

IV. Resources

The Chair reports there is adequate space for this program. However, he needs an additional $5,000 over his current $8,000 ($13,000) in non-personnel money to support faculty

development, especially for travel to conferences where faculty are presenting papers, and to hire assistance with data analysis.

It was suggested that perhaps various contractual arrangements for counseling services could be worked out with agencies in the community to generate revenue for the Department. The Chair will look into this.

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Communication Sciences and Disorders (CSD)

Program: MS Communication Disorders

I. Programs

This is an outstanding program with exceptional leadership and good faculty. The Program has demonstrated good growth in size and quality since the 1988 evaluation. It is believed that the undergraduate program, which is large, would be enhanced by changing it from a degree in "Interdisciplinary Social Sciences: Communication Science" to a BS in CSD. One student registered a concern that he did not find cultural concerns being addressed in practicum settings. Another student requested that there be some consistency in indicating the total and "true" amount of time students were expected to spend in a practicum assignment for the number of credit hours received. This is a first class program with a national reputation for excellence the consultants have no concerns about this program and only commendations. Space is adequate but every room is used to the maximum. The program will be moved into a new building by 2000.

The Program is accredited until 1997 by the Council on Academic Accreditation by the American Speech-Language Hearing Association (ASHA).

II. Students

The CSD program is very selective with regard to admissions because of the large number of qualified applicants. The program uses an extensive set of questionnaires to gather information on program satisfaction as well as using the feedback to make appropriate changes in

the academic and clinical program. The data from the questionnaires indicate that students and employers are extremely well satisfied with the CSD program. AA student articulation with community colleges is reported to be very good. The courses in anatomy and physiology are reportedly not as strong at the community colleges, and this sometimes presents a problem for students entering the CSD required courses in anatomy and physiology taught at USF. Because of the rigors of the program there is a high attrition rate at the Junior level. Pass rates on the national examination offered by Educational Testing Services are usually in the 97% range for first-time takers.

III. Faculty

Teaching and supervision loads are recommended by the accrediting body. The Department is well within the ASHA guidelines of a student/faculty ratio of 6:1. The Department offers a large number of instructional sections in American Sign Language. These are service courses for a number of other departments and programs in the college of arts and sciences; undergraduate and graduate courses in Speech Language Pathology and Audiology; Deaf Education and interdisciplinary doctoral education, which places a large workload on the Department Chair. Quality of the faculty is excellent. The Chair demonstrates excellent leadership abilities. Plans are underway to recruit for two new tenure line faculty positions. There is very good cooperation between the Department and hospitals and schools in the community. Adjunct faculty are employed to teach special clinical courses in the curriculum.

IV. Resources

Space appears to be barely adequate; however, the Department has been approved for a new building (2000). There is a special need for money to update equipment in the Audiology labs in particular. Other technology needs are also imminent for the speech and language clinical rooms.

V. Responses to Previous Review Recommendations (all programs):

Medical Technology: The 1988 BOR Site Visit report recommended an additional faculty member in Medical Technology but did not specify what courses or areas of specialty. This apparently was not followed up.

Rehabilitation Counseling: Recommendations made by the program accreditation CORE are being worked on currently by the Department. There were no specific recommendations made in the previous BOR site visit report for this department.

Communication Sciences & Disorders: The past BOR site visit made no specific program recommendations.

The program was cited for being exceptional.

Overall Recommendations to USF Administration: In 1988, the recommendation was made to the USF Administration to investigate putting together an administrative unit for all allied health programs. Apparently there has been some discussion by various people on this issue, but there is no evidence of any action related to this recommendation. (See recommendation on this issue below).

VI. Distance Learning (all programs):

Distance learning has not been engaged in by either the Medical Technology or Rehabilitation Counseling programs. CSD, on the other hand, does engage in extensive distance learning and has been given grants to support this effort. A new application has recently been made to the USF central administration for additional financial support in this regard. There appears to be a limited concern about the distance learning proposal in regard to established geographical areas in which this can be carried out.

VII. Recommendations (all programs):

Medical Technology:

1. The program should become a 4+1 program. Students should complete their BS track in Interdisciplinary Natural Science: Clinical Laboratory Science before applying to the Medical Technology certificate program in one of the NAACLS approved hospital programs.

Rehabilitation Counseling:

1. Increase non-personnel funding to $13,000 to be used for faculty development in support of data analysis and travel to conferences to present scholarly papers.

Communication Sciences & Disorders:

1. The undergraduate program in Communication Sciences and Disorders should become a fully recognized degree program in CSD rather than an Interdisciplinary Social Studies track.
2. The Department Chair should be granted funds to support additional administrative assistance. The CSD program is of such a size and complexity that additional administrative support is warranted.

USF Administration:

1. USF should explore establishing a School/Division of Allied Health Professions within the College of Arts and Sciences. This is especially timely and critical in light of the fact that a new program in Physical Therapy is on the horizon along with planning for new programs in Occupational Therapy and Therapeutic Recreation. This division/school could administratively house the current program in Clinical Laboratory Science and the departments of Rehabilitation Counseling and CSD along with the new programs being developed in Occupational Therapy, Physical Therapy and Therapeutic Recreation. Such an administrative structure could greatly enhance interaction among the departments, providing a synergy which benefits all the programs and optimizes the use of resources. Various models are currently in place for this administrative organization in other major Universities. The consultants strongly recommend that members of the USF administration visit other campuses where such programs are in operation and bring consultants to the USF campus to discuss appropriate models. It is the consultant's strong recommendation that such an investigation be done prior to establishing the location of the new Physical Therapy program.

The University of South Florida can take pride in the quality of the three allied health programs currently in operation on campus. All three are directed by competent administrators demonstrating good leadership abilities.

FLORIDA ATLANTIC UNIVERSITY

Medical Technology

Program: BS Medical Technology

I. Program

a) Overall View

The Program in Medical Technology at Florida Atlantic University provides professional education and training in laboratory medical technology to about twenty graduates per year. The availability of multiple clinical sites, which have modern facilities and equipment and a highly qualified staff supportive of the Program, is a tremendous asset in providing a well balanced, high quality, program.

b) Curriculum

The present curriculum is well balanced, providing a strong scientific preparation for the applied clinical sequence; students also have an opportunity to take an appropriate number of general education and humanities courses. The overall balance in the curriculum results in a strong education of laboratory scientists and not merely the training of competent technologists.

The recent changes which have involved the presentation of clinical courses on campus before the hospital rotations, i.e. hematology and immunohematology, have been well received by the students and by the clinical faculty and staff. Students feel they are better prepared to maximize their limited time in the hospital and the clinical faculty and staff feel that bench-training is enhanced if students have a better understanding of underlying principles.

Furthermore, providing a strong background in the clinical disciplines on campus might allow for a shorter exposure in the hospital settings, while maintaining the quality of the Program. Many programs throughout the country have had to use this approach, because of mergers and reduced staffing in many clinical institutions. This Program should investigate the feasibility of presenting all clinical areas on campus.

Obviously, additional resources would need to be provided, such as a dedicated equipped lab, an adequate supply budget, and sufficient faculty; but these expenditures might also allow a larger number of students to complete the Program.

c) Articulation

As explained in the self-study document, this Program has developed a ladder approach to allow students with associate degrees in Medical Laboratory Technology to pursue the Baccalaureate Degree, without the necessity of repetition of clinical components and maximum recognition of previous academic work.

Students with an associate degree in the natural sciences, other than medical technology, are also given appropriate credits, when equivalency is demonstrated.

d) Limited Access

In the past, this Program has operated without the designation **Limited Access**.

However, in the last 2-3 years, the number of students admitted to the senior year clinical component, has been limited by the number of places provided in the clinical sites.

The number of students seeking entry in the Program has also increased during that period. In view of extensive retrenchment in the clinical facilities, it is likely that the availability of

clinical training places will continue to be a limiting factor. Curriculum changes might help alleviate the problem, but will not result in many additional training sites and places.

Accordingly, it appears that this Program should be designated as **Limited Access**, since it has been and will likely continue to operate effectively with limited access.

e) Distance Learning

This Program has made extensive use of distance learning for courses offered during the clinical component of the curriculum. The studio, equipment and staff available for distance learning, provide outstanding resources, which facilitate the delivery of the senior year courses, while students are located a significant distance away from the Boca Raton campus. An important additional advantage of this approach is the fact that the lectures presented on the distance learning system are recorded and available for the students who may have missed or need to review a particular lecture.

f) External Linkages

This Program has formal affiliations with twelve clinical sites in an area of 65 miles. It is crucial to maintain this number of clinical facilities; recent national trends indicate that many hospitals and clinics are merging and streamlining their operation for maximum efficiency and cost control.

Even though there are many advantages for clinical facilities to participate in the education of technologists, frequently short term financial difficulties are resolved by staff reduction, often affecting the number of clinical training sites. It is most important for the Program to maintain a strong relationship with all their clinical facilities.

g) Accreditation Status

The Program was awarded continuing accreditation for 2 years by the National Accrediting Agency for Clinical Laboratory Sciences (NAACLS) in the Spring, 1996.

The normal cycle of accreditation awarded by NAACLS is seven years; the short accreditation status was given to the Program because of non-compliance with three Essentials and marginal compliance with one Essential. The Program has addressed and resolved two of these problems, but the concern for the provision of adequate resources to support the Program remains a most serious problem. The number of faculty, the lack of an adequate laboratory and equipment for the number of students and the absence of a clearly delineated operating budget, should be of primary concern if continued accreditation is expected.

h) Pending Programmatic Modifications

Recently, the Program has provided additional pre-clinical course offerings, in order to better prepare the students and to maximize the educational experience of the clinical rotations. It appears appropriate to extend that approach to all areas of the clinical curriculum.

Obviously, additional resources are needed to achieve these objectives; the current faculty cannot be expected to add this burden to their overwhelming present schedule, and an equipped laboratory dedicated to the Program would be necessary to provide these many offerings.

i) Credit Hours for the Degree

The number of credit hours for the degree (126 credit hours) is appropriate and in line with similar programs throughout the country.

II. Students

a) Admissions Criteria and Procedure

The criteria and procedure for admissions of students to the Program, i.e. admission to the senior year, are well publicized and appropriate.

There is a high dependence on the cumulative average for courses taken at Florida Atlantic University; this approach is necessary to avoid the disparity of grades of transfer students from different colleges and universities.

Interviews by clinical faculty and staff also are a crucial component of the process, and appear to be performed in a fair and acceptable fashion.

b) Diversity, Retention and Graduation

There is a diversity of students in the Program; the percentage of minority students in the Program is higher than in the general population. Students and recent graduates were unanimous in stating that they encounter no discrimination. There is a high retention of students in the senior year. The availability of excellent advising and concern for the welfare of students by the faculty and clinical teaching staff are most likely the main reason for this high retention.

c) Placement and Satisfaction of Graduates

Many of the graduates find employment at one of the hospitals where they rotated in their senior year. This is certainly a good indication of the satisfaction with senior year students and graduates. Graduates have little difficulty in finding employment. English is a second language for several students; although this causes some difficulties for a few students, there is a great deal of remedial language preparation available to those who wish to improve their language skills during the educational process.

d) Pass Rate on Licensure Examinations

For the last few years, 70% of the students have been successful on licensure exams; this is an acceptable rate considering the number of students who have difficulty with the language. If the students for whom English is a second language have difficulty passing the licensure examination, many of these students would gain by attending remedial English courses during their academic component, as mentioned above.

The Program Director has been most sensitive to this issue.

III. Faculty

a) Faculty Service to Students

There is only one tenured faculty member in this Program; a second faculty member has a temporary visiting faculty appointment. The advising, the coordination of the senior year, the consultation with clinical facilities, a heavy teaching commitment and a significant research commitment, are incredibly overwhelming expectations for the Program Director. Only a high level of dedication and many sacrifices have allowed this Program to maintain as high a quality as it has. This consultant can state that many similar Programs with 20 graduates per year are provided with 4 or 5 full-time faculty members.

b) Faculty Service to Society

A review of the Program Director's curriculum vitae demonstrate her extensive service commitment to her University, her profession and the public.

c) Research

The Program Director has been involved in significant research projects in collaboration

with a faculty member in the Chemistry Department. The pursuit of a patent and interest in applications of this research demonstrate the significance of this research area.

d) Quality of Departmental Leadership

Recently the status of Medical Technology was changed from Department to Program within the Department of Health Sciences. Undoubtedly, the change was made for administrative reasons and is not a reflection of the leadership provided by the Program Director in Medical Technology. The continued success of this Program in spite of extremely limited resources, is an indication of her leadership.

e) Appropriate Workloads

As stated above, there is no question that the workload of the Program Director is excessive.

f) Use of Adjuncts and Clinical Faculty

There are many individuals in the clinical facilities who participate extensively in the senior year courses. In fact, all the clinical components are taught by hospital staff. These individuals are a tremendous resource for the Program. The University should consider providing a clinical appointment to those who make a significant contribution to the Program. These non-remunerated University clinical appointments result in a higher dedication and strong sense of belonging to the Program. In addition, many of these individuals could serve as part-time faculty members for the pre-clinical courses on campus.

IV. Resources

a) Effective Use of Resources

As stated earlier, this Program has maintained a high quality in spite of extremely limited resources. There is a need for at least two full time faculty members who can teach pre-clinical courses and probably one full time equivalent which can be filled with part-time individuals. The laboratory space is grossly inadequate. A Program which graduates 20 individuals per year, in a strict laboratory discipline, should have a modern laboratory at its disposal. Currently, faculty must spend considerable time in setting up and tearing down. Laboratory presentations in microbiology currently cannot be done in the present facilities; there is a need for an autoclave. a dishwasher, and media preparation space.

In the past, the Program operated almost entirely as a 3 + 1 curriculum, where the last year was spent entirely at the clinical facilities. As is the case throughout the country, the University must assume a more important role in the pre-clinical courses on campus, therefore appropriate resources must be provided to maintain the quality of the educational process.

b) Appropriate Space

The need for laboratory space has been described above.

The offices for the faculty and staff of the Program, are small and crowded, but adequate.

c) Library Resources

The library facilities are excellent.

Students have ready access to recent books, major scientific journals, and an extensive video holding. There are also several campus facilities which provide access and help in the use of computers.

V. Responses to Previous Program Review Recommendations

As stated in the section related to Accreditation, the University must provide a commitment to this Program by allocating appropriate resources; continued accreditation is dependent on this action. There seems to be a genuine commitment on the part of administrators to provide support to maintain a high quality program.

VI. Strengths, Needs and Recommendations

a) Strengths

1) There is an increasingly qualified pool of students seeking to enter the Program.
2) There are several excellent clinical facilities in the vicinity of the University.
3) The Program Director has demonstrated a high level of dedication to the Program for many years; her extensive involvement is responsible for the quality and success of the Program, in spite of minimal resources and several administrative changes.
4) The current Visiting Professor is also an asset to the Program, providing support to the Program Director.
5) There appears to be very strong support by the clinical faculty and clinical staff of the various facilities. These are highly qualified professionals, whose participation is crucial to the success of the Program.
6) Graduates have had little difficulty in finding employment upon graduation; this is a reflection not only on the market demand, but primarily on the quality of the Program.

b) Needs and Recommendations

1) The Program has been moved from the College of Sciences to the College of Education and its status changed from Department to Program in a multifaceted Department. Accordingly, there is a need for the administration to insure a sense of stability and of belonging for the Program.

2) In order for the Program to receive full accreditation, there must be a strong commitment on the part of the Administration to provide adequate resources, if enrollment is maintained.

3) There is a need for a review of the curriculum, in order to explore the possibilities of presenting more pre-clinical courses on campus. This approach might help in maintaining the appropriate number of clinical training slots. Clinical faculty members should play an important role in such discussions and planning.

4) As stated throughout this report, there should be laboratory space and equipment allocated exclusively to this Program.

5) Appropriate basic equipment, such as autoclave, dishwasher, spectrophotometers etc. should be provided for the presentation of pre-clinical courses on campus.

6) The results on the licensure examination should be analyzed to determine if curriculum changes are desirable and whether students for whom English is a second language should be further encouraged to seek assistance to improve English language skills.

7) Non-salary clinical faculty appointments should be provided to the many individuals from the clinical facilities who participate significantly in the Program.

8) There should be regular meetings with representatives of the clinical facilities (hopefully clinical faculty members) to discuss all aspects of the curriculum, as a group. This would provide considerable support to the Program Director in decision making and give clinical faculty a greater sense of inclusion and participation in the Program.

THE UNIVERSITY OF WEST FLORIDA

Medical Technology

Program: BS Medical Technology

I. Program

The Medical Technology program is situated administratively within the Department of Biology, in the College of Science and Technology. Using the submitted documentation and based on current national trends in Medical Technology curriculum design, the program curriculum appears appropriate at the BS degree level.

Both oral and written communication with students, faculty, and administration indicate that there is compliance with the State mandated standardized prerequisites for this degree. Curriculum and course designs appear to be properly sequenced for student progression within the program. All courses needed to complete the program in an appropriate amount of time are readily available as demonstrated in the University catalog and other program information sources. At UWF, this program requires 126 credit hours for graduation. This degree plan received an exemption to the 120 credit hours maximum for BS degrees. In 1996, Fall semester, the program curriculum was modified to provide appropriate articulation for community college graduates who wish to transfer to UWF and seek the BS degree.

This is a limited access program, being limited to 20 senior students. The limiting factor is the availability of clinical educational sites for the professional phase of the program. Current student enrollment is 17 students; all are readily accommodated at the five clinical affiliates.

In addition, there is one enrichment site which accommodates all students for a short unique clinical experience. An advisory committee has been newly formed and convened. Members of the committee represent all constituencies which are involved in medical technology education. Renewal of such a committee had been advised in the last SUS review cycle. The Medical Technology Program is currently accredited by the National Accrediting Agency for Clinical Laboratory Science and by the state of Florida.

Multiple types of technology are utilized in both academic and clinical phases of the program. Students have access to and are required to use computer technology. At this time distance learning is not available or utilized for this program.

Modifications of the program based on previous program accreditation, student survey responses, etc. have been completed. There are no planned, immediate modifications proposed.

II. Students

The admission standards established comply with the University criteria and with the NAACLS accreditation guidelines.

The program has approximately 100 declared majors, all prior to the junior year application for clinical positions. Most qualified applicants who fulfill selection criteria are accepted for the limited number of clinical positions. All students admitted into the clinical year are thus assigned to clinical positions and can complete the program in an appropriate amount of time.

Based on the previous findings, retention of students is not a problem. Both retention of admitted students and graduation rates are higher than the national mean. In 1996, 11 of 12 students graduated on time. Due to a death in the family, the twelfth student will graduate in December.

The success of graduates on both national and state licensure examinations has been above the national/state means. The Fall, 1996 ASCP examination had a 100% pass rate: ten graduates tested, ten graduates passed.

All graduates in the 1996 class have obtained employment. However, not all are still in the UWF service area. Survey responses from employers demonstrate overall satisfaction with the program graduates.

All faculty participate in student advisement. Conversations with students indicate overall satisfaction with the advisement process.

Student demographics tend to reflect overall national trends. The majority of the students are female, although there is an increased number of males compared to previous years. The number of minorities, such as African-American, do not reflect the overall population of the UWF service area.

III. Faculty

There are three and a half faculty involved in this program. Two of these are designated as being "full time" or "tenure track". The other two are designated as being "visiting" faculty.

Of these four individuals, 50% are male, and 50% are female. The Program Director is Asian, all others are Caucasian.

All parties involved consider the quality of leadership demonstrated by the Program Director to be outstanding. Other faculty, administration, clinical affiliate personnel, and students all are unanimous in their praise for the Program Director.

Faculty workload for full-time faculty is 12 contact hours per semester. This criteria appears to be met without exception. For each of the current faculty, the quality of teaching is evaluated as "very good" to "outstanding".

Review of the resumes for each faculty member provide evidence that all faculty have measurable productivity and are involved in scholarly activities. Faculty members have received national professional recognition as well as state/regional recognition. Faculty make presentations/workshops at national and regional meetings, etc. They are involved and represent UWF in their profession roles in many arenas.

There are no Eminent Scholars assigned to Medical Technology or to the Biology Department.

From all constituent areas, the cooperation extended to the Medical Technology department is excellent.

External linkages exist for the program and for each of the faculty. All faculty hold membership in appropriate professional and educational organizations at the national, state, and regional levels.

Budgetary provision of funds for faculty development are limited. As feasible, faculty are involved in a variety of faculty developmental programs.

Salaries appear to be appropriate, based on limited review, for the budgeted faculty. Salaries appear to be minimal for the "visiting" faculty.

IV. Facilities and Resources

Faculty office space appears to be adequate and comparable with other faculty members.

For pre-tenure faculty, research laboratory space is shared with other departmental/inter-departmental faculty.

Classroom space is adequate, but it is shared space. There is no student area that is designated specifically for Medical Technology. This is not a critical issue for lecture type classrooms. However, it is a problem for laboratory space. The designated laboratory space is adequate for the number of medical technology students. However, as other students utilize the same laboratory space, all equipment and supplies must be set up and taken down for each class session. Students cannot come to the laboratory during their free time for extra practice, assisted learning, or other free-lance activities. This is also a burden on the faculty who cannot set up a demonstration, etc. and leave in place.

Adequate student/faculty commons room is provided. There is also adequate space available for conferences.

Clinical facilities are more than adequate for the numbers of students which are assigned to those facilities. Student/instructor ratios are appropriate.

The equipment owned and utilized by the program is limited to essential, general usage equipment such as microscopes, teaching microscopes, spectrophotometers, centrifuges, etc.

Support personnel is limited to a part-time secretary who works 30 hours/weekly. As this person is not full time, the position lacks stability due to high turn-over. Given the number of overall students who are declared majors, and the number of students in the professional phase of the program, a full-time employee would better serve the program.

Library resources are adequate. There has been recent and continual additions to textbook collections in all disciplines included in Medical Technology. The periodical collection is also

adequate. The facilities are excellent. The library has outstanding electronic capabilities which are readily accessible to the student and to the faculty.

V. Responses to Previous Program Review Recommendations

In the last Program Review Report, the single recommendation was that the UWF Community Advisory Committee be reformed and utilized to formulate changes or modifications that might be required to maintain the relevancy of the program in view of the major changes occurring in health care.

The Program responded by reactivating this committee. In the past year, the committee membership has been expanded to insure that all parties involved in Medical Technology are represented. This newly formed committee is scheduled to have its first meeting in the Fall of 1996.

VI. Strengths, Needs, and Recommendations

This review of the Medical Technology program established at the University of West Florida reveals a well designed and structured curriculum being administered and taught by a dedicated and committed faculty. The Program enjoys strong University administrative support at all levels. In addition, the Program has very strong ties and support from the area clinical facilities and professional agencies. The community and the region perceive that graduates of this program who are subsequently employed in area health care facilities make a very strong contribution to the health and well-being of its citizens. A major strength of the program is the dedicated leadership of the Program Director. The Program is accredited by both national and state agencies.

Recommendations include the following:

1. There is a need for both additional faculty and other resources. For the size of the program and in consideration of the numbers of students served, a third full-time faculty budget line is recommended. This additional faculty member would provide greater stability to the program with a broader base of course distribution. This additional faculty would also provide opportunities for scholarly activities and productivity for the non-tenured faculty. A full time secretary assigned to the program would be highly beneficial to the faculty and to the program. This type of continuous, on-going support to students and faculty would provide significant benefits.

The need for a dedicated laboratory space as discussed in the body of the narrative is being addressed with the commitment for a new science building and proposed renovations of the current building to accommodate such space needs.

2. Establish distance learning technology and facilities on campus and at regional/state sites. Such technology may be utilized to deliver BS-Nursing articulation to distant AS-Nursing graduates. BS-Medical Technology courses could be delivered to distant AS-Medical Laboratory Technicians who seek professional growth. Other professions could come on line in the future.

3. Establish a community based committee to survey other health care needs of the community and region that can be addressed by the University of West Florida. A health care needs assessment can best be performed by such a group. There are opportunities for UWF to expand in the health care field to provide the education and skill necessary for students. A program which might be considered for such development is communication disorders.

UNIVERSITY OF CENTRAL FLORIDA

Cardiopulmonary Sciences

Program: BS Cardiopulmonary Sciences

I. Program

The Cardiopulmonary Sciences Program at the University of Central Florida is the second oldest baccalaureate program in the country.

Graduates of the program hold positions of leadership in clinical practice, administration, and in education.

The Program has developed a very sophisticated approach to evaluate its curriculum goals. The strength of the curriculum is affirmed by the following learning outcomes:

1) One-hundred percent (100%) first attempt pass-rate by program graduates on the Florida Respiratory Care Practitioner Examination over the past 6 years;
2) Scores above the national mean on the Respiratory Therapy (Advanced Practitioners) Credentialing Examination;
3) A high level of employer satisfaction with the performance of graduates as indicated by surveys of employers conducted over the past 4 years;
4) A high level of satisfaction with the program as indicated by surveys of graduates; and
5) A high success rate by program graduates in clinical practice, in supervisory/ administration positions and in academic positions as indicated by follow-up data on student employment.

Due to the limited number of clinical education sites, the program is currently designated as limited access. Limited access should be continued since the current managed care environment is placing even further limitations on the availability of clinical education sites.

Although the program has no formal articulation agreement with feeder community colleges, it nevertheless has a very successful articulation with these colleges. The majority (76%) of students currently enrolled in the baccalaureate track of the program complete their first two years in Florida Community Colleges. Also, the program has developed a very successful track whereby Associate Degree graduates of Respiratory Therapy programs in community colleges can complete their baccalaureate degree.

The Program should be encouraged to expand the Associate Degree Registered Therapist track, especially through distance delivery. No additional laboratory instruction or clinical training is required for these students since they have already completed their clinical training. Thus, the Program should be an excellent candidate for distance delivery. The track provides an excellent opportunity for these individuals to continue their education and to complete their degree.

The Program was granted full accreditation by the American Medical Association Committee on Allied Health Education, AMA:CAHEA, as recommended by the Joint Review Committee on Respiratory Therapy Education in 1993 for a period of five years. The AMA:CAHEA Accreditation role has now been assumed by the Committee on Accreditation of Allied Health Educational Programs (CAAHEP).

The number of credits required for the degree (128) is low in consideration of the essential curriculum content necessary to prepare a competent practitioner.

II. Students

Admissions criteria and procedures are appropriate when compared to Respiratory Care programs in other institutions and within the context of the University of Central Florida.

The Program currently has approximately four applicants for each position in the traditional program with a strong representation of females (56%) and African-Americans (18.7%). In the AA/AS Registered Therapist track, all of the applicants who meet University admission criteria are accepted since these students do not require the clinical component of the program. Forty-two percent of the students accepted in the most recent class of this special track are female, 8.3% are African-American, and 4.2% are Hispanic. Thus, racial/ethnic diversity of accepted students in both tracks is very good.

As reported in *Section I*, job placement, satisfaction with the program and credentialing examination performance of graduates are very good. Student retention in the program is very high (near 100%) as would be expected in a competitive admission program.

III. Faculty

The faculty have a very strong commitment to the education of the highest quality clinical practitioners and in so doing, contribute to the delivery of high quality health care to the citizens of the State of Florida. Although the faculty is quite small, they have been consistently active in scholarly publications and grantsmanship.

The Program Director provides excellent leadership for the program. Faculty teaching workload is reasonable and there appears to be a reasonable involvement of faculty in University, College, and Departmental service activities. Adjunct faculty enrich the program by providing

expertise in specialty areas of the curriculum and in clinical education. Also, adjunctive and clinical instructional involvement in the program is appropriate in amount. Overall the faculty are a major strength of the program.

IV. Resources

Space and facilities, library resources, and laboratory equipment are adequate. Upgrading of laboratory instrumentation, computer hardware and software are being addressed.

V. Response to Previous Program Review Recommendations

In the previous SUS program review, four recommendations were made:

1) Provide adequate level of funding and a critical mass of faculty.

Response: The program has added one new faculty position and has successfully filled the position with a well-qualified individual.

2) Provide state-of-the-art equipment to enhance the quality of clinical education.

Response: The program is upgrading laboratory equipment.

3) Adjust work loads for faculty to pursue research, promotion and tenure opportunities.

Response: Only one of the faculty is not tenured and he is not in a tenure-accruing line. Faculty workloads are reasonably appropriate for achieving promotion and tenure.

4) Continue to encourage and nurture articulation agreements with Associate of Science transfers.

Response: Although articulation agreements are not formalized, articulation is

nevertheless highly successful with the majority of students originating as transfers from community colleges. The Registered Therapist track for AS graduates is also a success.

In summary, all recommendations of the previous SUS review have been met.

VI. Strengths, Needs and Recommendations

Strengths:

Cardiopulmonary Sciences is a strong program that has consistently produced graduates who are successful both in practice and in achieving leadership positions in education and in administration. The faculty are strongly committed to teaching and scholarship and should be commended for developing a very successful Registered Therapist track wherein Associate Degree Therapists are able to complete a bachelor's degree.

Recommendations:

1) Encouragement and support should be provided by the University and College for the program to continue developing the track which enables Associate Degree Registered Respiratory Therapists to complete the Baccalaureate Degree, support should be provided to further develop the delivery of the program through distance learning.

2) The program should continually assess the availability of clinical education sites and the balance between supply and demand of graduates, to determine if an increase in enrollment is warranted.

Communicative Disorders

Program: BS, MS Speech-Language Pathology

I. Program

The Department of Communicative Disorders offers both a baccalaureate and a master's degree program. Since the master's degree is the entry level for the profession, the bachelor's program serves as preprofessional preparation for individuals who plan to pursue a career in Speech-Language Pathology. In the state of Florida, baccalaureate degree holders may work in the Public School System for no more than two years prior to enrolling in a master's degree program. They then have an additional five years to complete the master's degree.

The undergraduate program is not designated as limited access. In the past five years, undergraduate enrollment in the Program has increased from 204 to 689 students (+292%) and likewise, graduate enrollment has increased from 57 to 193 students (+293%). Of the 193 headcount master's students, FTE enrollment is only 25.

Both the general education and major coursework of the undergraduate curriculum are reasonably sequenced and provide a solid educational framework in speech-language pathology. The graduate program curriculum is fully accredited by the American Speech-Language and Hearing Association (ASHA) Education Services Board (ESB). It would appear that curricular goals of the master's program are being met based upon the following:

1) Achievement of re-accreditation by ASHA:ESB for an eight year period: 1992-2000;

2) First attempt pass-rate performance of 95% by graduates over last five years on the credentialling examination with a mean passing score of slightly above the national average;

3) 100% employment rate for graduates of the master's Program;

4) High level of satisfaction with the program reported by graduates.

The Program is developing faculty and student enrichment (exchange) opportunities with Belgium and the Netherlands. Also, the development of a joint PhD program with Florida State University is under consideration.

The number of credit hours required for the undergraduate program is 120 which is lower than that typically found in Speech Pathology programs at other universities.

Some concern must be expressed about the ability of the program to sustain academic quality in the face of enrollment increases of the past five years. Of particular concern is the fact that fifty-percent (50%) of the undergraduate coursework is being taught by adjunct instructors.

II. Students

There is no special admissions process in the undergraduate program, since access is not limited. Admission criteria for the full time master's program is highly selective with approximately six applicants per position for full-time positions in the program. However, admission for part-time students is virtually unlimited if minimum criteria are met. Although admission criteria and procedures for the traditional full-time student appear appropriate, admission of part-time students is much less rigorous. Some consideration should be given to the rationale for the differential in standards for admission to the same program. The master's program is successful in attracting graduates from other institutions since only 65% of students enrolled completed their undergraduate degree in the University of Central Florida program.

Gender, racial, and ethnic composition of the master's program are reasonably diverse with an enrollment of approximately 87% Caucasian females, 4% Caucasian males, 5% African-American females, 3.5% Hispanic females, and 0.5% Hispanic males.

As noted earlier, graduates of the master's level program report a high level of satisfaction with the program and 100% are able to find employment in the profession. However, no similar outcome assessments are available for graduates of the baccalaureate program. Feedback from baccalaureate graduates should also be obtained and analyzed on a regular basis, especially in view of the limitations of the baccalaureate degree in this discipline.

III. Faculty

In response to the enrollment growth, five new faculty positions have been added bringing the total faculty to twelve positions. Despite the addition of new faculty, in Fall 1996, fifty-percent (50%) of the total undergraduate curriculum is still taught by part-time faculty. This degree of reliance on part-time faculty is deemed excessive and should be reduced. It should be noted that the Department has established a goal of substantially reducing instruction by part-time faculty.

Faculty research and scholarly activity appear to be below the level that is normally expected of a program with a graduate level mission. With the addition of new faculty, research activity will likely increase.

It is anticipated that the newly appointed Departmental Chairperson will provide good leadership for the department.

IV. Resources

Space and facilities for the program's administrative, instructional, and clinical needs are adequate. However, additional space will be needed if enrollment growth continues. Although the Program's basic equipment needs are met, state-of-the-art clinical equipment is needed to prepare students for clinical practice. Library resources for the program are adequate, as reported in a recent assessment of the collections.

Currently, the Program operates a patient clinic with very modest revenues ($40,000/ year). Given the population base of the area, the Program should be strongly encouraged to further develop the clinic for the purpose of enriching student clinical training and faculty and student research, as well as for the purpose of providing increased revenue to support the educational and research mission for the program.

V. Response to Previous SUS Survey Recommendations

Four recommendations were made in the previous SUS survey. The recommendations and responses are as follows:

1) Provide an adequate level of funding and a critical mass of faculty for each of the allied health programs.

Response: The program has added five new faculty positions in the past three years and will add a new senior position during the 1996-97 year bringing the total full-time faculty to thirteen.

2) State-of-the-art equipment should be secured to enhance the quality of clinical education.

Response: The program has adequate basic equipment, however, clinical equipment is needed to bring the educational program to state-of-the-art.

3) Once funding, staffing, and equipment issues are resolved, adjust workloads for faculty to pursue research, promotion, and tenure opportunities.

Response: Research assignment for faculty averaged 14% with a range of 1%-28%. Untenured faculty are provided more time for research. Also, faculty are successful in achieving tenure.

4) Efforts to develop articulation agreements between the college and as transfers are commendable and should continue to be encouraged and nurtured.

Response: Although a formal articulation agreement is not in place, the Program is nevertheless very successful in its articulation with the community college system, with 94.1% of its total undergraduate enrollment originating as Associate Degree graduates from community colleges.

In summary, with the exception of the need to add state-of-the-art clinical equipment, all recommendations of the previous SUS review have been met.

VI. Strengths, Needs and Recommendations

Strengths:

The program in Communicative Disorders has one of the largest undergraduate and master's level enrollments in the country. Despite the tremendous growth of recent years, graduates of the master's program have continued to perform well on the credentialling examination and have reported a high level of satisfaction with their educational

preparation. The Department has new leadership and has recruited five new faculty with strong credentials and will be adding another new position at the senior level during the 1996-97 academic year. Thus, the faculty has now reached a critical mass and the research potential of the Department has been strengthened by the addition of new faculty.

Needs:

The major issues of the Department appear to be related to a need (1) to develop the research component of its mission; (2) to develop the clinic; and (3) to insure academic quality in the face of tremendous enrollment growth. Also, the Program needs to focus its goals and objectives and to develop a plan to achieve its goals accordingly.

Recommendations:

1) In consideration of the enrollment increases in Communicative Disorders during the past five years, the University and College should provide oversight and support to insure academic quality of the program.

2) The Program should continually strive to insure that students understand the limitations of the knowledge and skill base of baccalaureate graduates.

3) Clinical equipment to support teaching for the program should be updated.

4) The Program should be encouraged to further develop the departmentally operated clinic to support the teaching, research, and service missions of the program.

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Medical Laboratory Sciences

Program: BS Medical Technology

I. Program

The program in Medical Laboratory Sciences is administratively located in the Department of Molecular Biology and Microbiology. The curriculum is strong both in the prerequisite science and general education component and in the professional component (Junior and Senior Years). The professional curriculum includes didactic and clinical preparation in all clinical laboratory disciplines and also includes training in DNA/biotechnology. The Professional Component is two academic years plus two full summers in length, whereas the more typical program length in U.S. programs is four academic years plus one summer term. Since there appears to be inadequate rationale for two additional summers, strong effort should be made to reduce the curriculum by one summer term.

Although there is no formal articulation agreement with community colleges, articulation is nevertheless very successful since the majority of program applicants and matriculants are from two-year institutions.

The program is currently designated as limited access because of the limited number of available clinical training sites. Given the limited availability of clinical sites, limited access must be continued. The program is affiliated with several hospitals for the purpose of providing the clinical education component. The Program Director works continuously to maintain the existing number of clinical training sites. The current managed care environment has resulted in an increasing reluctance on the part of hospitals to participate in training students.

The program is fully accredited by the National Accrediting Agency on Clinical Laboratory Sciences. The number of credit hours required for the degree (126) is low in consideration of the essential curriculum content necessary to prepare a competent practitioner and to meet accreditation requirements. However, credit hours are consistent with other SUS programs.

II. Students

Program enrollment is limited to 16 students per year. Admission criteria and procedures are appropriate. The current student enrollment is comprised of 25% Caucasian females, 12.5% African-American females, 25% Hispanic females, and 6.25% Hispanic males. The Program is to be commended for its success in achieving gender, racial, and ethnic diversity. Student retention is near 100% as would be expected in a competitive admissions program.

All graduates have been successful in finding employment in the profession and they report a high level of satisfaction with the Program. Performance of graduates on the credentialing examination is substantially above the mean for the Program with a 95% first attempt pass rate.

During an interview, two currently enrolled students articulated a very clear understanding of program goals and indicated a very high level of satisfaction with the Program.

III. Faculty

The program faculty is comprised of only two individuals, one of whom also serves as Program Director and Clinical Education Coordinator. Given the fact that Medical Laboratory

Sciences consists of four major disciplines: Hematology, Microbiology, Clinical Chemistry and Immunohematology, in addition to several sub-disciplines, at least one entire discipline (Immunohematology) must be taught by adjunct faculty. The primary rationale given for requiring one of the summer semesters in the program corresponded to the scheduling needs of the adjunct faculty member who teaches Immunohematology.

The two faculty are strongly committed to providing an excellent educational program for the students. The faculty, and most particularly the Program Director, are a major strength of the Program. The Program Director provides very effective leadership for the Program.

IV. Resources

Resources for the program are effectively managed. Space, facilities, laboratory instructional equipment and instrumentation are adequate. However, during a tour of the program, it was noted that laboratory stools (seating) are in serious need of replacement and that failure to do so could potentially result in bodily injury. Supplies and other resources to support instructional and administrative needs of the program appear adequate. Library holdings and library access are adequate.

V. Response to Previous Program Review Recommendations

Previous SUS review findings, recommendations, and responses are as follows:

1) Provide an adequate level of funding and a critical mass of faculty for each of the allied health programs.

Response: One new faculty member has been added to the program.

Consultant Comment

Although one new faculty position has been added, the program still has only two faculty and must rely on a part-time individual to cover one of the four major disciplines within the curriculum. Reliance on a part-time instructor to teach Immunohematology creates a scheduling problem within the program that results in the addition of an entire summer to the program. Also, the faculty is below critical mass.

2) State-of-the-art equipment should be secured to enhance the quality of clinical education:

Response: The program has a very well equipped instructional laboratory.

Consultant Comment

Laboratory instrumentation appears to be quite adequate, however, bench stools (seating) should be replaced.

3) Once staffing and equipment issues are resolved, adjust workload for faculty to pursue research, promotion, and tenure opportunities.

Response: The new faculty member has an appropriate workload enabling him to pursue research in accordance with tenure and promotion goals. The Program Director is appointed in a non-tenure accruing line.

4) Efforts to develop articulation agreements with AS transfers are commendable and should continue to be encouraged and nurtured.

Response: Although a formal articulation agreement is not in place, the Program currently articulates very successfully with community colleges since the majority of students are AA transfers. However, transfer of AS graduates is minimal.

VI. Strengths, Needs and Recommendations

Strengths:

The UCF Medical Laboratory Science program is very strong. The Program Director is a dedicated, energetic, highly competent individual who has, until very recently, been the only program faculty. Students reflect the high level of competence and professionalism that is reflected in program standards and in the role model provided by the Program Director. The newly added faculty member is also a strength of the program.

Needs:

An adequate number of clinical education sites are needed to sustain the program. Additional faculty expertise is needed in the area of Immunohematology.

Recommendations:

1) The program should continually assess the availability of clinical education sites and assess the balance between supply and demand of graduates, to determine if an increase in enrollment is warranted.

2) The curriculum should be reduced in length by one Summer.

3) Faculty expertise should be provided in Immunohematology.

4) Laboratory bench stools (seating) should be replaced.

Radiologic Sciences

Program: BS Radiologic Sciences

I. Program

Radiologic Sciences offers a baccalaureate degree program of study aimed at preparing entry-level radiographers. The Program also offers a track for associate degree-level registered radiographers enabling them to complete the baccalaureate degree. The Program curriculum satisfies requirements specified by the Joint Review Committee on Education of Radiologic Technologists. However, the Program should be encouraged to continue the development of advanced imaging specialty elective options within the curriculum. These options are being integrated into the curriculum quite successfully in various programs around the country.

Although a formal articulation with community colleges is not in place, articulation is nevertheless occurring via the Associate Degree Registered Radiographer track. Also, the majority of students admitted into the regular degree program are transfers from community colleges.

The Registered Radiographer track provides an opportunity for these practitioners to continue their education and to complete their baccalaureate degree. Currently only 12 students are enrolled in the Registered Radiographer track. The Program should be encouraged to expand the enrollment in this track and should also be encouraged to deliver the program via distance learning. This track, particularly, lends itself to distance delivery since the clinical education requirement is limited to a one semester Advanced Clinical Practicum course.

The program is currently affiliated with four hospitals in the Orlando area for the clinical education component of the curriculum. Limited access to the program should be continued, given the severe shortage of available clinical education sites. The current managed care environment has further limited hospital participation in clinical education. In fact, sustaining the current level of support is a concern.

The number of credit hours required for the degree (124) is low based on the curriculum content necessary to prepare competent practitioners and to maintain accreditation.

II. Students

Admission criteria and procedures for the program are appropriate. Currently there are 5.6 applicants for the 16 positions in the program. Student enrollment is reasonably diverse with 62% Caucasian females, 31% Caucasian males, and 12.5% African-American females. Retention is near 100%, as would be expected with the competitive admission process. Sixteen students per year graduate from the regular track while another 3-4 complete the registered radiographer track.

Placement data indicate that students are very successful in achieving entry-level practitioner employment and in achieving advancement in their field. Students report a high level of satisfaction with the program. In an interview with two currently enrolled students, they were able to articulate a clear understanding of their curriculum and of their profession and reported a high level of satisfaction with the program.

Student attrition from the program is very low as would be expected in a program with competitive admission.

Although the Program has previously had a 100% first attempt pass rate on the national credentialling exam, in 1994, the first attempt pass rate declined to 73%. The Program has implemented several procedures to improve student performance on the exam.

III. Faculty

The three program faculty are strongly qualified and committed to the delivery of a high quality educational program. The number of faculty positions was recently expanded from two to three. Faculty research/scholarly activity is low.

The Program Director provides effective leadership. Faculty workloads are reasonable. Involvement of adjunct faculty in teaching appears to be appropriate.

IV. Resources

Space, facilities, instructional equipment, library holdings, library access, and administrative support are adequate.

V. Response to Previous Program and Review Recommendations

Recommendations of the previous SUS review are as follows:

1) Provide adequate level of funding and a critical mass of faculty.

   Response: The Program has added a new faculty line and has successfully recruited a well-qualified individual to the position.

2) Provide state-of-the-art equipment to enhance the quality of clinical education.

   Response: Equipment has been added to bring the program to state-of-the-art for on-campus radiographic instruction.

3) Adjust work loads for faculty to pursue research, promotion and tenure opportunities.

Response: One of the current faculty's workload has been adjusted to achieve tenure and promotion, and she has been provided development time.

4) Continue to encourage and nurture articulation agreements with Associate of Science (AS) transfers.

Response: The Registered Radiographer track provides an avenue for AS graduates who are registered radiographers to complete the baccalaureate degree. This track should be expanded. Although formal articulation agreements are not in place, Associate of Arts (AA) Articulation is nevertheless very successful with a majority of enrolled students originating as AA transfers from community colleges.

VI. Strengths, Needs and Recommendations

Strengths:

The strengths of the Program are its faculty and students. Also, the Program has benefitted from long-standing stable and effective leadership.

Needs:

The Program should continue to develop the following:

1) Integration of advanced imaging options within the curriculum;

2) Development and maintenance of clinical education sites;

3) Expansion of enrollment in the Associate Degree Registered Radiographer track including distance learning delivery.

Recommendations:

1) The Institution and College should provide encouragement and support for continuing the development of the program that enables Associate Degree Registered Radiographers to complete the BS degree including delivery through distance learning.

2) The Program should continually assess the availability of clinical education sites and the balance between supply and demand of graduates, to determine if an increase in enrollment is warranted.

FLORIDA INTERNATIONAL UNIVERSITY

Department of Dietetics and Nutrition

Programs: BS, Dietetics and Nutrition

MS, PhD Dietetics

I. Program

Housed in the College of Health (COH) building, the Department of Dietetics and Nutrition offers a BS degree with two options: a coordinated program (CP) and a didactic program in Dietetics (DPD), and two graduate programs leading to the degree of MS and PhD The Department also has a Dietetic Internship (DI) program with an option to complete the MS degree program. The CP is a professional program which provides the graduate with eligibility to take the registration examination and become a registered dietitian (RD). The DPD, on the other hand, prepares graduates to enter a DI at FIU or elsewhere, successful completion of which makes the person eligible to take the registration examination and become a RD. The DPD graduates may also take jobs in the areas of nutrition/dietetics/foods which do not require RD status. The MS degree prepares advanced level practitioners and clinical faculty, while the goal of the PhD program is to train dietetic professionals for positions in academia, industry and government. There are a total of 132 students in the undergraduate programs, 65 in the MS degree program and six students in the PhD program.

The CP and DPD programs have been revised recently. In August, 1996, both were granted accreditation for a period of ten years each by the Commission on Accreditation/

Approval for Dietetics Education of the American Dietetic Association (ADA). The MS degree program has been revised to make DI a part of the program so that the DI interns do not receive RD eligibility without the master's degree. The PhD program was recently implemented and the newly recruited senior faculty has made some revisions to streamline the program.

Currently the DN has a strong articulation agreement with only Miami Dade Community College (MDCC). The faculty of both institutions communicate with each other on a regular basis so that a smooth transfer of students from MDCC to FIU is made. Most of the students are AA students who have the necessary prerequisites. The AS students are advised of the additional cost for extra prerequisite courses needed to enter the CP. The nature of the CP necessitates limited access, because supervised practice is part of the program and the facilities for clinical placement are limited. There is no limited access to the DPD program.

The distance learning instructional modality is not yet established in the Department. However, the prerequisite course Principles of Nutrition lends itself to distance learning. FIU could take a lead in providing this prerequisite to all the students in the State and to make the course more cost effective.

The Department has affiliations with numerous health care facilities for providing supervised practice to CP students. Affiliation guidelines have been established between the university and each of these facilities. The other type of external linkages are funding agencies. The faculty have attracted funding of approximately $2.0 million for research and training from Federal and State Agencies.

The National Policy and Resource Center on Nutrition and Aging (NPRCNA), funded by the US Administration on Aging for $1.1 million, is a result of this funding. The faculty visited

Washington and Tallahassee to enhance the funding for continuation of the program as well as to establish new programs. As of now, there are no developmental efforts. However, the higher administration has taken a more active role in helping the Department raise monies from alumni and private sources. There are strong indications that some funding for vegetarian nutrition may be received. The expectation ranges from a simple research project, to a visiting professorship, to an endowed chair.

The two programs, CP and DI, have recently been accredited by the ADA (August 1996). Since all the programs were revised recently, there may be no need for further modification of the programs in the near future. The DPD carries a total number of 120 credits. The CP, however, due to its nature, has to carry a slightly higher credit load. It should be noted that DPD graduates have to complete an internship after graduation, while the CP graduates are eligible to take the RD examination following graduation.

II. Students

The admission criteria and procedures are well established for each of the programs and are described in individual brochures which are available to applicants. The mix of students in the DN at FIU reflects well the diversity pattern of the State. The dietetics program also participates in the COH Health Sciences Recruitment and Retention Program, which is designed to recruit, enroll, and retain Hispanic and Black students into the allied health disciplines. The retention and graduation rate in the BS program is very high, and the success rate of CP graduates in the RD examination is more than 90% over the last five years. A similar trend is seen in the DI interns' success rate. The graduation rate in the MS degree program from 1992-95 was very low, but it increased considerably in 1995-96.

This trend can be expected in an MS program where many students are part time and take longer to complete the requirements, particularly the thesis. Another reason may be that DI students may not complete the degree because of the time-consuming thesis requirement. An alternative may be to have a project option in place of the thesis. These projects may be more interesting to practitioner students. Some of these may prove to be publishable. This option may enhance the graduation rate in the MS program and relieve the burden from the faculty, who will then have time to advise more PhD students.

III. Faculty

The Department has 10 faculty members. However, one faculty member spends 50% time in the Department and the balance of 50% time as Associate Dean of the College; another faculty member is on a phased retirement program, and a third is on a two-year leave of absence. All faculty are well qualified. The workload of faculty is normal for one in a Research II University and they feel comfortable with the load. However, with the progress of the PhD program, at least one more faculty member will be needed and the administration has already approved this position. The Department also uses adjunct and clinical faculty, perhaps more than a basic science department would. This is necessitated by the fact that the CP and DI students have to be supervised by faculty at practice sites in order to give them the best experiences.

It is easier to recruit part-time adjunct faculty, who want to be just that, in a large city like Miami, because of their personal life situation, such as raising a family or having another part-time job. It is rather cost prohibitive to use tenured or tenure track faculty for supervised practice. All the faculty members (tenured, tenure track, clinical, and adjunct) work together

cohesively to reach the goal of providing the best education for the students. The Department head herself advises and serves as mentor for all faculty members, who appear to be satisfied with this arrangement.

One of the unique ways in which faculty serves students is by involving them in their scholarly activities such as research, teaching and training. Students receive not only monetary compensation for this, but also academic experience which is otherwise not available. Most of these students are graduate students. The faculty also are mentors for CP students and the DI interns in their supervised practice. The NPRCNA faculty serves the community through their research on delivery of optimum health care to the elderly in Florida. The research will lead to developing nutrition policies for the elderly. There is a good balance between research in basic and applied research. The research extends from application of basic research to feeding via oral, enteral and parenteral routes, to application of epidemiological principles in examining the food intake and disease pattern in different population groups, to nutrition policy making. However, due to limited resources such as appropriate type of facility, the faculty is still groping with baseline data.

The Department Chair is a well known, well recognized individual in the profession of dietetics. She has served on various professional committees, some as chair. She is one of the recipients of the 1996 ADA Medallion Award, and has received other awards in the previous years. During her tenure as Chair, the Department has progressed considerably - the establishment of the Center and the development and implementation of the PhD program are two significant achievements.

IV. Resources

The budget appears to be adequate for the Department as is. The BS programs are quite cost effective. The major limitation is space. The faculty do have individual offices with proper furniture and equipment (telephone, computer and printer). However, the space is limited to seating one, or two, at the most. Thus, when a potential candidate with parents or spouse visits the Department, there is no place for all to sit and talk. This is further aggravated by the fact that there are no extra rooms to temporarily use for this purpose. The space to conduct dietary or epidemiological assessment and intervention type research is minimal at best. The only appropriate space of good quality is given to the Center, which is indeed helpful to the investigators. There is very little wet laboratory space for the three capable faculty who have been recruited for the purpose of doing laboratory research. Obtaining laboratory space for the faculty is critical for the success of the newly implemented PhD program. Further, attracting research funding with the existing resources will be extremely difficult. The Department, however, is utilizing its space very effectively. For example, when one of the faculty has more than one person to counsel, the Chair leaves her office to give them space. The Department is expected to get adequate space including laboratories when the new building for the College of Health is ready in 2000 AD. It is highly recommended that in the interim period proper space for faculty be provided to carry out their work load in a satisfactory manner.

The FIU Library facilities located on the University Park (main) campus are expected to be the largest of its kind in the State University System and are sufficient for general sciences, math, etc., and some health sciences related books/journals which are adequate for the undergraduate program needs. However, it is not optimum for advanced health sciences subjects

which is what the research faculty and graduate students, particularly PhD students, need. The faculty and graduate students, especially those in epidemiology, nutritional biochemistry, clinical nutrition, etc., find it hard to get books/journals easily, even on a loan basis. It appears that University of Miami (UM) Library is too expensive for faculty to use regularly on an individual basis. Possibly a more economical suggestion may be to obtain a Departmental/College card from UM which will admit all faculty to that library.

The Department is just exploring the possibility of receiving funding from private sources, including alumni. The FIU Central Administration is helping the departments in this effort.

V. Response to Previous Program Review Recommendation

There were no recommendations for this Department from the last review which was held in 1987.

VI. Strengths, Needs and Recommendation

Strengths:

1. Departmental leadership
2. Well qualified faculty
3. Diversity in the student body
4. High rate of retention in the BS program
5. High rate of success in the registration examination

6. Extramural funding

- The National Policy and Resource Center on Aging and Nutrition
- Recruitment and retention program for minority and disadvantaged students

Needs:

1. Space for offices, and wet and dry laboratories is critical to the success of the PhD program.
2. Improve the graduation rate in the MS degree program
3. One more research faculty for the PhD program (negotiated and approved position)

Recommendations:

1. Provide more office and laboratory space for new faculty to carry out the PhD program effectively.
2. Facilitate the faculty use of health sciences journals and books at the University of Miami.
3. Improve the graduation rate in the MS degree program - help to graduate at least one student per faculty member following 3 years of enrollment in the Program.
4. Consider a project option in place of thesis for MS degree students.
5. Recruit a research faculty (already approved position) soon, to enhance the quality of the PhD program

Department of Occupational Therapy

Programs: BS, MS Occupational Therapy

I. Program

Overall comments regarding program

The Occupational Therapy program at Florida International University has an extremely strong undergraduate and entry-level master's program. These programs exist within an institution moving toward becoming a Research I institution by 2008. This transition offers a significant challenge to the program. The biggest challenges are: 1) developing a faculty prepared at the doctoral level with active external research programs; 2) developing an expanded body of knowledge within the profession of Occupational Therapy sufficient for graduate education; and 3) recruiting a critical mass of students for the advanced master's program.

The Program serves as a magnet program for students, since there are currently 250-300 applications to the undergraduate program, and 100 per year to the graduate level certificate program.

The problem of recruiting and retaining faculty with doctorates, which was noted in the 1988 program review, is still a concern.

Articulation with community colleges (AA and AS)

AA

The Department accepts students with AA degrees from community colleges under the terms of the statewide articulation agreement. This is truly a commendable achievement of the State of Florida to ensure that undergraduate AA degrees are transferable to upper division colleges and universities.

AS

There is no mechanism for Certified Occupational Therapy Assistants (COTA's), to transfer course material related to their COTA course work into the upper division OT program with minimal loss of time and credit.

Discontinue or continue limited access

The OT program is a limited access program with 50 students per year admitted to the undergraduate program, and 20 per year admitted to the professional master's program. Currently, there are 250-300 applicants per year to the undergraduate program and 100 applicants per year to the professional master's program. With this extremely high student demand, a second admission process appears to be the best solution.

Possibilities for delivering program or courses through distance learning

The infrastructure is not yet available at the institution to become involved in distance learning. However, the possibility of an advance master's delivered through distance learning would be exciting to consider. Currently, many of the advanced master's programs have low enrollments. If distance learning were an option, it would be easier to create a critical mass of students and develop an extremely viable advanced master's program.

The Department does have seven students enrolled in their MS program via correspondence, i.e., video tapes, e-mail, and fax from Iceland.

External linkages

Although the Department has affiliations with over 200 clinical sites, many of the facilities are not able to accommodate more than a few students at a time, due to the shortage of OT staff for supervision or competition with students from other institutions. As managed care increases, the availability of clinical education sites may become an increasing problem.

Accreditation status

The program is accredited by the Accreditation Council for Occupational Therapy. The last site visit was in 1993. The next site visit is in 2000. Three deficiencies were found during the 1993 site visit. An action plan for correction of these deficiencies was developed, and program corrections were approved in 1994.

Pending programmatic modifications

There are preliminary plans to increase undergraduate enrollment by 20 students per year. The work force study recently completed by the AOTA suggests that increasing enrollments may not be wise at this time. With the health care environment changing rapidly, the AOTA contracted for a work force study to determine the expected demand for OT services. While there are still many unknowns, the study concluded that because of the rapid growth, the capacity, and output of the current OT educational system, work force shortages in OT will end during the next decade. Simultaneously, changes driven by the marketplace, such as increased managed care, have the potential for significantly decreasing the utilization of occupational therapists.

Already, departments of OT are beginning to experience a reduction of clinical education sites. This shrinking of the health care delivery system will also shrink the needs for manpower.

Appropriate number of credit hours for degree

The Department decreased the number of credit hours required for a degree from 152 to 128. This was primarily accomplished by changing the equivalencies given for field work. Consequently, the amount of actual time required to complete the degree has not substantially changed. This change in equivalencies for field work will decrease the Department's overall reported productivity.

II. Students

Appropriate admissions criteria and procedures

The faculty have responded to a concern expressed by the accrediting site team related to the admission of students. Currently, admission requirements are clearly defined and published by the Institution.

Adequate diversity of students, retention, and graduation

Minority enrollment and retention is a goal of the Department. In 1994, 22% of the students were minority. The entering class of 1995 was 38% minority. Each year, the Department admits 10% of the undergraduate class as minority students who meet minimum admission standards, but would not be competitive considering the current applicant pool. Consequently, the Department is committed to developing a diverse student body.

It would be helpful to have retention data on these minority students.

Placement and satisfaction of graduates

In 1994/95, 89% of the graduates found employment. The program review describes high employer satisfaction with graduates. It was impressive to note that the program surveys employers as part of their alumni follow-up. In addition, the alumni report a high degree of satisfaction with the program at FIU.

Acceptable pass rates on licensure examinations

The Program has extremely high pass rates on the Occupational Therapy certification exam. Pass rates of 100% were achieved in January 1992, July 1992, July 1993, July 1994, January 1995, and July 1995. Pass rates above 90% were achieved in January 1993, January 1994, and January 1996.

III. Faculty

Most important or unique way in which faculty are serving students

The most significant contribution faculty are making in serving students is their dedication and ability to provide a strong professional degree program. The narrative did not discuss the presence of an OT student organization, but references to that organization were visible in the classrooms visited.

Most important or unique way in which faculty are serving society

Minimal discussion in the program review proposal related to external service.

Basic and applied research

Currently there are 8.5 regular faculty, of which three hold doctorate degrees. Several of the other faculty are in doctoral programs at FIU. The faculty members with doctoral degrees have publications in refereed and non-refereed journals. One of the faculty members has developed faculty contacts with OT programs in Australia and New Zealand and has made presentations at national and international meetings. All faculty members are involved in other types of scholarly activity, such as presenting workshops, local, regional and national presentations.

External grant and contract activity is minimal at this time and probably will not increase significantly until the majority of the faculty have completed their doctoral education. This is a reflection of the development of the profession, rather than the development of individual faculty members at FIU. However, it presents a significant challenge to the Department as they strive to become full members of an academic community with aspirations to become a Research I institution.

Appropriate workloads

Currently, the typical workload is three courses a semester. This leaves time for the pursuit of graduate education and/or scholarly activities. As faculty become successful in competing for external grants and contracts, they will be able to support reassigned time for research from these grants and contracts. Until that time, the workloads are accommodating enough to provide time for some graduate work and/or scholarly activity.

Use and integration of adjuncts and clinical faculty

The faculty uses adjunct and clinical faculty appropriately.

IV. Resources

Faculty resources

Faculty productivity is appropriate to this type of program. Faculty/student ratios for the last three years are as follows:

1993/94 -- 16:1 1994/95 -- 14.59:1 1995/96 -- 14.94:1

Note: With the change in equivalencies for field work, these productivity ratios will decrease.

Appropriate space

The Occupational Therapy laboratories appear to be sufficient in square footage, but are old and in need of repair. Faculty have their hopes set on a new building and have tried to live with the old surroundings. However, for student and faculty morale, it is important to ensure that the current laboratories are made as comfortable as possible. Such things as painting, fixing ceiling tiles, replacing carpeting, and cleaning stoves and refrigerators would go a long way to improving the laboratory climate.

Faculty office space

The faculty office space is well below the 105 square feet established by the System. Consequently, faculty work in extremely cramped conditions.

Adequate access to library resources

Library resources for students will become a problem if the Calder Library at the University of Miami Medical School follows through with its plan to charge $150 per student for admission. There was considerable discussion among the MLT faculty about this issue. Apparently, the medical school receives State dollars. Consequently, the faculty believe that the charge per student to use the library is excessive and may provide a barrier to learning.

As the advanced master's program increases in enrollment, access to a larger array of health science journals will be important.

Exploration of alternative funding sources

The only alternate funding source that is described in the program review are course fees. In 1995, course fees were instituted in three courses. The fees are $15 or less, and help cover the cost of materials for activities such as splinting, activity analysis, and patient assessment.

V. Responses to Previous Program Review Recommendations

The last accreditation site visit was in 1993. Three deficiencies were identified and have been corrected.

VI. Strengths and Needs

The Department is commended for the following strengths:

1) The program has extremely well-qualified faculty for undergraduate education. In addition, there is a wonderful spirit of community and cooperation among the faculty. FIU is commended for its support of faculty development, especially tenure-earning faculty. These faculty are given a reduced workload, i.e., two courses per semester, as well as tuition support to complete doctoral work at FIU. There was some discussion that, after faculty complete PhD's, they leave. With this kind of dual institutional support, i.e., reduced teaching loads and tuition support, FIU may wish to consider some mechanism whereby, if the faculty is supported for 'x' number of years, they agree to stay 'x' number of years after completion of the degree.

2) Pass rates on registry exams are extremely high. Most years the pass rate has been 100%. Other years have pass rates above 90%.

3) The alumni survey reports extremely high placement in the field. 89%, of the graduates are working in jobs related to their major.

4) Faculty teaching productivity ratios are within the norm for Occupational Therapy programs. Consequently, the cost of preparing students for professional education is reasonable, i.e., $4,316 to $5,260 per student.

Concerns

1) Currently, the Department does not have a significant cohort of faculty with a doctorate. As a result, the Department has a limited history of receiving external grants and contracts, as well as publication in refereed journals.

2) Faculty are looking forward to a new building, which will include new laboratory space as well as equipment.

3) Currently, there is a thesis requirement for the entry-level master's. Given the relatively small percentage of faculty with a doctorate and the limited experiences in Occupational Therapy of this entry-level cohort, the Department may wish to consider eliminating the thesis requirement. It did not appear that this was resulting in a significant amount of potentially publishable theses. In contrast, the thesis requirement for the advanced master's is essential to the development of the profession.

VII. Recommendations

1) Continue to support doctoral education for existing faculty. When open lines are available, work to recruit faculty who have completed doctoral degrees. It is admirable that the institution is committed to "growing their own" doctorally-prepared faculty. However, this often takes a decade per individual.

2) Currently the professional master's requires a thesis. Given (1) the low percentage of faculty with doctorates; (2) the limited history in publishing theses; and (3) the added workload, it would appear that the deletion of this requirement or providing the option of a research project would not negatively affect the quality of the program.

3) There is a continuing need for space for the allied health programs. The proposed new building would be of great benefit.

4) Consider developing the doctoral program in rehabilitation sciences, rather than discipline-specific programs in OT and PT.

Potential advantages for this doctorate are as follows:

* Creates the potential for a larger critical mass of students

* Increases the opportunity for students to add a credential in a related rehabilitation science as a cognate

* Has significant potential of producing a more marketable practitioner within a managed care health environment

* Responds to the profound changes that are currently occurring in health care

There is considerable concern that there would not be a sufficient applicant pool to support a doctorate in OT. This is based on the extremely low numbers of students enrolled in the advanced master's.

5) Explore possibilities of the same common core for both OT and PT. This may help provide additional resources for faculty reassigned time to scholarly activities and provide the foundation for the rehabilitation doctorate.

6) Develop articulation agreements with COTA programs giving academic credit for technical level course work. This has been done in other health related programs, such as medical technology, nursing, respiratory therapy, and radiologic technology. It is difficult to believe that there is absolutely nothing that is transferable from the COTA program into the OT program. It is the consultant's understanding that in practice there is overlap in some work-related responsibilities.

7) It was extremely exciting to hear that the State of Florida will provide $400,000 in matching funds as part of an initiative to create a million dollar endowed chair. It is recommended that the Department create a departmental development board with the primary goal of providing help and support to fund this endowment.

8) Currently, the student enrollment in the advanced master's is extremely low. Without a critical mass of students, the program will not flourish. However, if FIU could be the State-wide site for an advanced master's in OT, other occupational therapists in the State could complete their advanced master's via distance learning.

9) With the health care environment changing markedly, there are considerable indications that manpower needs for occupational therapists will decrease over the next decade. The AOTA recently published a work force study that suggests considerable caution in increasing the productivity of entry-level occupational therapists. The study concludes that, with the rapid and continuing growth in output of OT's, work force shortages will end during the next decade. Concurrently, dramatic changes in the marketplace are already impacting on manpower needs for practitioners.

10) This task force could be charged to deal with a variety of issues related to allied health manpower, such as work force needs as well as issues related to distance learning.

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Department of Medical Laboratory Sciences

Degree Programs: BS, MS Medical Technology

I. Program

Overall comments regarding program

The Department of Medical Laboratory Sciences at FIU houses the following two major programs:

* Undergraduate program accredited by NAACLS leading to a BS in Medical Technology
* Graduate program with specializations in Chemistry, Microbiology, Hematology, Immunohematology, and Immunology

In addition, a minor or certificate is offered in the following specialties:

* Clinical Chemistry
* Clinical Microbiology
* Hematology
* Immunohematology

The Department has seven faculty members, one administrative secretary, and one laboratory manager.

The Department's major strengths include: 1) an extremely well-qualified faculty with diverse strengths; 2) a wonderfully diverse (although small) student body; 3) high job placement of graduates; and 4) a more than adequate allocation of laboratory and research space.

The major concern revolves around the high cost and low productivity required to deliver the undergraduate and graduate program. Currently, the Program is accredited for 24 undergraduate students per class. Low enrollment was a major concern in the accreditation site visit report of 1991. Currently, the cost per student has averaged $18,369 over the past three years, with a faculty/student ratio of less than 5:1. This is by far the major issue facing the Department.

The second major concern is the graduate curriculum. When interviewing students, almost every graduate student had major concerns regarding limited and/or no clinical education experience. They were highly complimentary of the faculty's knowledge and ability in didactic instruction. However, the program permitted little opportunity for any clinical/research experience. Consequently, there were serious concerns about job placement. In addition, advising seemed to be a major issue at the graduate and undergraduate level. The graduate students shared that no one had told them of the possibilities of integrating a minor and/or certificate in one of the four specialties offered by the program. There was some belief that these certificates were the key to potential job placement, yet their existence was not widely known by the graduate students.

Similarly, the undergraduate students noted that there was only one advisor and that the other faculty members were not helpful in advising, especially developmental advising, i.e., helping with issues such as job placement and career exploration.

Recommendations include: 1) serious discussions related to the potential future of the program, given the low student demand and the high cost; 2) increased faculty collaboration which includes equipment sharing and collaborative research in areas such as biochemistry,

immunology, and molecular biology; 3) more involvement of the entire faculty in serving as advisors at both the undergraduate and graduate levels; and 4) strategic planning which includes meeting community-based needs, team development among faculty, and long-range planning for utilizing emerging technologies.

Appropriate curriculum; suggestions for improvements

Undergraduate program

The faculty note the necessity to modify the curriculum to include training in molecular biology and biotechnology. Cytogenetics is also an additional area that they may consider. The program has developed a creative interdisciplinary certificate in criminalistics, as well as certificate programs for chemistry and biology graduates.

Graduate program

Currently, the graduate program offers specialty concentrations in five areas. Given the lack of a critical mass of students in the entire graduate program, it appears that there will never be a significant number of students to have a significant enrollment in each of the five areas.

Articulation with community colleges (AA and AS)

AA

The Department accepts students with AA degrees from community colleges under the terms of the Statewide Articulation Agreement. This is truly a commendable achievement of the State of Florida to ensure that undergraduate AA degrees are transferable to upper division colleges and universities.

AS

It is much more difficult to transfer the AS degree with a concentration in Medical

Laboratory Technology with minimum loss of time and credit. Previously, this process was an extremely difficult challenge for students. Faculty note that students have complained that they have been required to repeat much of the education in their AS program.

A local private university has developed an extremely successful MLT transfer program which provides a BS in Biology with a minor in MLT. This success provided the impetus for FIU to work on articulation with the MLT program at Miami-Dade Community College. An articulation agreement has been developed and the first class of students began in 1996/97. This first class has a low enrollment of approximately 5-8 students.

It is the consultant's understanding that these students will be taught in separate classes, rather than integrated into the current program. The rationale is to accommodate student schedules via evenings and weekends. It might be helpful for the faculty to explore how the competition became so successful. Hopefully, there will be a significant cohort of students to offer this option as cost effectively as possible. This is an extremely important initiative. The faculty need to be commended for their effort.

Discontinue or continue limited access

The Program has a second admission requirement of a GPA of 2.0 in science prerequisites and a cumulative GPA of 2.5. These prerequisites to admission appear to be reasonable given the strong science base of a major.

The consultants support the continuation of these second admission requirements. However, the low enrollment in the program is a concern.

Possibilities for delivering program or courses through distance learning

The faculty report the infrastructure is not yet available at the University for distance

learning. Once the infrastructure is in place, faculty development is necessary to prepare faculty to use this new technology.

Another way of solving the relatively low enrollment issue is possibly through increased use of distance learning.

External linkages

Currently the Department uses six clinical facilities for the clinical education portion of the program. Since the health care environment is going through a significant revolution, it might be helpful for the faculty to consider the establishment of an ongoing community advisory board for input as they consider adapting their curriculum to the changing health care environment.

Accreditation status

In 1991, the Department received 7 years of continuing accreditation from NAACLS.

Pending programmatic modifications

The program review document discusses modifying the curriculum at both the graduate and undergraduate levels to include Molecular Biology and Biotechnology. It would have been helpful for the faculty to describe the program modifications that are being considered or have been implemented as a result of their last alumni survey. The survey provided some significant feedback that could be used to strengthen the program.

Appropriate number of credit hours for degree

In response to Legislative mandates, the Department has decreased the number of required credit hours to complete the degree by 17.

II. Students

Appropriate admissions criteria and procedures

The admission requirements appear appropriate. After completion of a minimum of 60 semester hours, students must have a minimum GPA of 2.5 and a minimum GPA of 2.0 in required science courses. These appear to be reasonable requirements for the degree.

Adequate diversity of students, retention, and graduation

The student body is extremely diverse. Since 1995 the graduates have represented the following ethnic backgrounds: 5 Asians, 14 African Americans, 58 Hispanics, 25 Caucasians, and 14 Other.

Note: over 50% of the undergraduate population is Hispanic, reflecting the broader community. Similar representation exists at the graduate level.

Placement and satisfaction of graduates

Recent alumni survey indicates that 96% of the respondents were working in positions related to their education.

Acceptable pass rates on licensure examinations

The ASCP national certifying exam pass rates range from 80% to 100%. However, these percentages are based on extremely low numbers of students sitting for the examination. In the last five years, less than 10 students per year have taken the exam.

In addition, students are required to pass a comprehensive departmental exam before they are eligible to sit for the national exam. The program review report does not indicate the number of students who have completed the program but have not passed the comprehensive exam and, consequently, are not included in the national certifying exam pass rates.

In addition, Florida has state licensure examinations. Performance on these specialty examinations is fairly erratic, ranging from a 68% pass rate to a 98% pass rate.

III. Faculty

Most important or unique way in which faculty are serving students

The faculty participates in the recruitment and retention of minority students via activities funded by the Health Careers Opportunity Program grant. Over the past two years, approximately $14,000 has been allocated to support scholarships for these students. This support has had significant impact on increasing the enrollment of highly-qualified minority students.

Basic and applied research

Faculty have been successful in competing for external grants and contracts. For example, several faculty members have received NIH funding.

Appropriate workloads

It is difficult to adequately evaluate the appropriateness of workloads in light of the institution's goal to become a Research I institution. It appears that differential faculty loads are given, depending on faculty strengths. In addition, faculty are given one academic credit hour for each hour they spend in the laboratory. This 1:1 equivalency significantly increases the cost of delivering laboratory experiences. However, it does have the potential of providing increased time for other responsibilities, such as advising and research.

Use and integration of adjuncts and clinical faculty

The Department utilizes adjunct and clinical faculty on a regular basis. In addition, they

request hiring a clinical instructor to teach the "intensive laboratory sessions that are an integral part of the program". Given the low faculty/student ratios and the extremely high cost of the program, i.e., approximately $18,000 to $20,000 per FTE, this request does not appear to be a reasonable one.

IV. Resources

Effective use of resources

Faculty resources

There appears to be relatively low student demand for the program. The University data base reports a total of 39 undergraduates for Fall 1994/95, the Department reports a total of 69. In addition, graduate enrollment is extremely low. For Fall 1995, enrollment was 11. In contrast, the Department has seven full-time tenure-track faculty members with productivity ratios that have ranged from 4.17:1 to 5:1 for the past three years.

Without a critical mass of students, it is impossible to utilize faculty resources effectively and efficiently.

In addition, the focus on specialty areas, especially in the graduate program, further exacerbates the problem. While students are trained as generalists at the undergraduate level, faculty teach as specialists. This further increases the cost of the program. It would seem reasonable to explore faculty teaching in more than one specialty area, especially at the undergraduate level.

Appropriate space

The Department has 3600 square feet of instructional laboratory space and approximately

2000 square feet of research space divided among seven research laboratories. This is more than adequate classroom and student laboratory space.

The main issue related to space is that faculty offices are not adjacent to their teaching and/or research space. Consequently, much time is spent walking between four main buildings on campus which house offices, classrooms, and research laboratory spaces. However, the University has made a commendable effort to provide faculty with research laboratory space.

Faculty office space

The faculty office space is well below the 105 square feet established by the System. Consequently, faculty work in extremely cramped conditions.

Adequate access to library resources

Library resources for students will become a problem if the Calder Library at the University of Miami Medical School follows through with its plan to charge $150 per student for admission. There was considerable discussion among the faculty about this issue. Apparently, the medical school receives state dollars. Consequently, the faculty believe that the charge per student to use the library is excessive and may provide a barrier to learning.

Exploration of alternative funding sources

The faculty have been active in seeking external funding for grants and contracts. In addition, they would like the individual who becomes permanent dean to be an extremely successful fundraiser, as they view private funding raised from the external community as a partial solution to their funding problems.

V. Responses to Previous Program Review Recommendations

There are two previous program reviews: the State 1988 Allied Health Program Review, and the 1991 Self-study.

A major recommendation that emerged from the 1988 Allied Health Program Review was that "Allied Health programs should be housed within a single administration unit." The faculty are now housed within a single administrative unit, i.e., the College of Health. However, the facilities are spread out among several buildings. Faculty are looking forward to the possibility of having a new building.

Secondly, the accreditation site team in 1991 cited the following as areas of strengths:

* Highly-qualified, dedicated faculty
* Modern clinical affiliation sites
* Support for the program from Dean and Provost
* Adequate office space and more than adequate classroom and laboratory space

The following two areas of concern were noted by the accreditation team:

1) Extremely low student enrollment. At that time, the program was accredited for a class size of 24, and there were only 7 students in the senior year. This is still an issue, especially in the graduate program.
2) Limited space for faculty research. Since 1991, significant space has been renovated for faculty for research.

VI. Strengths, Needs and Recommendations

Strengths:

1) The program has extremely well-qualified faculty with diverse strengths. For example, selected faculty have won teaching and faculty advising awards with major strengths in those areas. Other faculty have been successful competing for external grants and contracts, including NIH funding.

2) While the student body is extremely small, it is also extremely diverse. This diversity adds to the strength of the program.

3) The alumni survey reports extremely high, i.e., 96%, of the graduates are working in jobs related to their major.

4) While faculty note that more appropriate storage space is needed, the allocation of 3600 square feet of instructional laboratory space and 2000 square feet of research space by the University is impressive.

5) While this is the first year of implementation of the articulation with the MLT program at Miami-Dade, this is a commendable initiative of the faculty.

VII. Concerns

1) The Department does not appear to have a critical mass of students to operate effectively and efficiently. The program is currently accredited for 24 undergraduate students. Low enrollment was cited as a concern in the accreditation site visit report of 1991. At that time, the program had seven students in the senior class. Currently, the cost per student and the faculty/student ratio for the past three years are as follows:

Year	Cost/FTE	FTE/Faculty
1993/94	$20,160	4.17:1
1994/95	16,714	5.00:1
1995/96	18,235	4.86:1

This is by far one of the major issues facing the Department. While faculty note that there has been some increase in the enrollment at the undergraduate level, the graduate program remains extremely small.

2) There has been an extreme variability in State licensure examination pass rates, from a low of 68% in 1992 to a high of 98% in 1993.

VIII. Recommendations

1) Serious conversations need to be had regarding the potential future of the Program, given the low student demand and the high cost. If this program is viewed as essential to the health manpower needs of the state, possibly the faculty could consider using distance learning as a means of increasing the number of students.

The 1988 program review recommended:

> "that consideration be given to the physical placement of the MLS program adjacent to the biological sciences, thus facilitating the sharing of expensive research equipment and avoiding duplication of facilities. Such equipment as ultracentrifuges, liquid chromatographic systems, animal facilities, etc., fall into the categories of FIU health science needs. Collaborative MLS research with biochemistry, immunology and molecular biology has the potential for attracting NIH medical research funding."

Currently, it does not appear that there is much of a history of collaboration, either within the Department or between the Department and the basic sciences. The possibility of NIH medical research funding would be significantly enhanced by both increased departmental collaboration, as well as collaboration with biochemistry and molecular biology. In fact, successful collaboration would help provide the foundation for new science laboratories.

2) It is recommended that faculty collaboration be increased, which includes such things as equipment sharing and collaborative research in areas such as biochemistry, immunology, and biology.

3) Strengthen academic advising at both the undergraduate and graduate level. Build this advising process on the belief that the entire faculty is responsible for the advising needs of the student body. There were serious concerns expressed by students regarding the advising at the graduate level.

4) Students were extremely complimentary of the graduate curriculum in terms of the strong body of knowledge included in the didactic classes. However, they expressed serious concern regarding extremely limited clinical/research experiences and the corresponding effect that this limited experience had on their future employability. There seemed to be little knowledge among the graduate students of the possibilities of graduating with a certificate in one of four specialty areas.

5) This task force could be charged to deal with a variety of issues related to allied health manpower, such as work force needs as well as issues related to distance learning.

6) It was extremely exciting to hear that the State of Florida will provide $400,000 in matching funds as part of an initiative to create a million dollar endowed chair. It is

recommended that the Department create a departmental development board with the primary goal of providing help and support to fund this endowment.

7) The Department should be commended for its rich alumni responses. However, it does not appear that this information has been used to revise the curriculum.

8) Given the turbulent climate of health care reorganization, along with the simultaneous need to compete and cooperate for limited resources that is being driven by the constraints of the emerging health care delivery system, a strategic plan could help ameliorate the constraints and/or threats of this turbulent environment. The plan could include but not be limited to increased cost effectiveness, curriculum that reflects the needs of the community, and strong focus on student needs.

APPENDICES

Appendix A

Allied Health Consultants

ALLIED HEALTH CONSULTANTS

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Appendix B

Allied Health Program Review University Coordinators

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Allied Health Program Review
University Coordinators

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Appendix C

Employer Survey Results

FLORIDA DEPARTMENT OF EDUCATION
Frank T. Brogan
Commissioner of Education

Jay J. Pfeiffer, Director
Florida Education and Training
Placement Information Program
Division of Administration

April 23, 1996

MEMORANDUM

TO: Jay Pfeiffer, FETPIP
FROM: Sam Arcangeli
TOPIC: Initial 1995-96 Employer Opinion Survey Results

Attached for your review and comment are the initial 1995-96 employer opinion survey results. As you know six District/Community College along with five State University System program/degree areas were targeted for survey during this year's activities. Included for each area are 1) a brief statement of total employers surveyed, the number of responses received, and the resulting response rate, 2) a summary of employer hiring needs, and 3) an employer "rating", as calculated, for each survey question within that survey area.

For your information, as in prior years, the rating system generated a score of "1" for each dissatisfied response and a score of "2" for each satisfied response. Using this system, the closer the rating is to "2" the higher the level of employer satisfaction. All "average" and "I don't know" responses were not included in determining the "ratings".

Currently, I am working on the final report which will include narrative and graphical descriptions of these and other findings. Completion of this report is anticipated during June 1996.

cc: David Rodriguez
Lavon Dukes
Ann Rushing
Joe Stephens
Lynda Harnig
Erin McColskey
R.E. LeMon
Lanny Larson
Mike Switzer

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The Florida Education Center • Room 832 • Tallahassee, Florida 32399 • (904) 487-0900
An affirmative action, equal opportunity employer

EMPLOYER OPINION SURVEYS - 1996
EMPLOYER RESPONSE

	total in sample	unable to deliver/returned	responses # of	rate
SUS AREAS				
Speech Pathology	36	0	34	94%
Medical Technology	12	0	10	83%
Occupational Therapy	34	0	25	73%
Elementary Teacher Ed	136(120)	16	84	70%
Voc Rehab Counseling	9	0	5	55%
SUS TOTALS	227(211)	16	158	75%
D/CC AREAS				
Occupational Therapy Asst	34(29)	5	21	72%
Health Information Mngmnt	45	0	30	67%
Systms Anlyst/Comp Prgrmmr	73(71)	2	46	65%
Physical Therapy Asst	84(80)	4	49	61%
Med Records Transcription	71(69)	2	41	59%
Hospitality Management	109(92)	17	40	43%
D/CC TOTALS	417(388)	29	227	58%
OVERALL TOTALS	644(599)	45	385	64%

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OCCUPATIONAL THERAPY

34 total employers / 25 responses / 73% response rate

HIRING NEEDS

A. Managerial/Administrative-2
B. Clerical/Administrative-4
C. Production/Operating
D. Professional/Technical-14
E. Maintenance/material handling
F. Food Services
G. Personnel Services
H. Protective Services
I. Cleaning Services
J. Health Services-7
K. No Difficulty-3

RATINGS SCALE: 2=VERY SATISFIED 1.5=AVERAGE 1=VERY DISSATISFIED

	overall employer "rating"
PUBLIC EDUCATION SYSTEMS	
How do you feel about Florida's overall	
system of public education?	1.18
university-level education?	1.87
EMPLOYEE PREPARATION AND WORK HABITS	
How would you rate their entry-level job preparation?	1.86
How would you rate their work habits?	1.85
OVERALL OCCUPATIONAL PREPARATION	
Knowledge & understanding of the occupational therapy theory & practice.	2.00
Computation skills.	1.93
Reading skills.	2.00
Written communication skills.	1.87
Verbal communication skills.	1.94
Reasoning (logical thinking) skills.	1.87
Knowledge of:	
biological & physical sciences.	2.00
psychology & sociology.	1.94
Skill in fabricating adaptive equipment.	1.73
Ability to:	
communicate with mentally or physically disabled clients.	2.00
assess clients' treatment needs.	1.94
apply occupational therapy techniques & methods.	1.94
conduct classes in the activities of daily living, perceptual motor activities, arts & crafts, vocational training & homemaking.	2.00
make accurate observations of clients' progress & reactions.	2.00
plan, organize, & coordinate work assignments.	1.86
write evaluation & progress reports.	1.87
establish & maintain effective working relationships with others.	1.94
Demonstrate leadership and supervisory skills.	1.60

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SPEECH PATHOLOGY OR AUDIOLOGY

36 total employers / 34 responses / 94% response rate

HIRING NEEDS

A. Managerial/Administrative-2
B. Clerical/Administrative-2
C. Production/Operating
D. Professional/Technical-13
E. Maintenance/material handling
F. Food Services-2
G. Personnel Services-3
H. Protective Services
I. Cleaning Services
J. Health Services-5
K. No Difficulty-6

RATINGS SCALE: 2=VERY SATISFIED 1.5=AVERAGE 1=VERY DISSATISFIED

	overall employer "rating"
PUBLIC EDUCATION SYSTEMS	
How do you feel about Florida's overall system of public education?	1.83
university-level education?	1.87
EMPLOYEE PREPARATION AND WORK HABITS	
How would you rate their entry-level job preparation?	1.79
How would you rate their work habits?	1.89
OVERALL OCCUPATIONAL PREPARATION	
Knowledge & understanding of the speech and hearing therapy theory & practice.	1.87
Computation skills.	1.92
Reading skills.	1.96
Written communication skills.	1.92
Verbal communication skills.	1.92
Reasoning (logical thinking) skills.	1.87
Knowledge of:	
normal speech, language, & hearing development.	1.83
the classifications, causes, & manifestations of speech/hearing defects.	1.87
differential diagnosis of speech, language & hearing disorders.	1.85
Ability to:	
diagnose language, speech, & hearing problems.	1.84
evaluate a variety of speech & hearing problems/disorders.	1.85
speech & hearing therapy techniques & methods.	1.77
the procedures used in the rehabilitation of speech & hearing disorders.	1.82
conduct group & individual speech/hearing therapy sessions.	1.76
use non-verbal communication.	1.82
enunciate clearly.	2.00
write evaluation & progress reports.	1.83
do effective public speaking.	2.00
establish & maintain effective working relationships with others.	1.92
demonstrate leadership and supervisory skills.	1.79
Skill in operating a variety of speech & hearing equipment.	1.84

MEDICAL TECHNOLOGY

12 total employers / 10 responses / 83% response rate

HIRING NEEDS

A.	Managerial/Administrative-2	G.	Personnel Services
B.	Clerical/Administrative-2	H.	Protective Services
C.	Production/Operating	I.	Cleaning Services-2
D.	Professional/Technical-5	J.	Health Services-1
E.	Maintenance/material handling-1	K.	No Difficulty-3
F.	Food Services		

RATINGS SCALE: 2=VERY SATISFIED 1.5=AVERAGE 1=VERY DISSATISFIED

	overall employer "rating"
PUBLIC EDUCATION SYSTEMS	
How do you feel about Florida's overall	
system of public education?	1.33
university-level education?	1.86
EMPLOYEE PREPARATION AND WORK HABITS	
How would you rate their entry-level job preparation?	1.80
How would you rate their work habits?	1.75
OVERALL OCCUPATIONAL PREPARATION	
Computation skills.	1.75
Reading skills.	1.71
Written communication skills.	1.40
Verbal communication skills.	1.50
Reasoning (logical thinking) skills.	1.50
Collect & process clinical specimens needed for laboratory analysis.	1.87
Perform accurately & efficiently the manual & automated procedures in all areas of clinical laboratory (with the exception of Histology & Cytology) on blood, urine, & other body fluids.	1.86
Interpret laboratory results & correlate these results with data generated by other areas of the clinical laboratory.	1.62
Perform quality control procedures, interpret results, & take corrective action as needed.	1.71
Function independently applying analytical, problem-solving, & decision-making skills in performing assigned duties in the laboratory.	1.57
Perform preventative & corrective maintenance on clinical laboratory instrumentation.	1.50
Prepare, update, or revise the procedure manual in a given section of the laboratory.	1.17
Evaluate new methods, instruments & reagents in terms of their sensitivity, specificity, & cost effectiveness.	1.57
Practice laboratory safety, infection control, & other regulatory protocols as defined by legal as well as professional regulations.	1.83
Participate in & provide continuing education programs for medical technologists & other health professionals.	1.71
Maintain a professional appearance & attitude to patients, clinical lab staff, & other health professionals.	1.75
Apply the basic principles of management, supervision, & educational methods to the clinical laboratory setting.	1.50
Practice ethics & professional conduct in protecting patients' health, safety, & confidentiality of test results.	1.86
Communicate effectively (orally & in writing) with coworkers, superiors, subordinates, patients, & the public.	1.50

VOCATIONAL REHABILITATION COUNSELING

9 total employers / 5 responses / 56% response rate

HIRING NEEDS

A. Managerial/Administrative
B. Clerical/Administrative-2
C. Production/Operating
D. Professional/Technical
E. Maintenance/material handling-2
F. Food Services
G. Personnel Services-1
H. Protective Services
I. Cleaning Services
J. Health Services
K. No Difficulty-3

RATINGS SCALE: 2=VERY SATISFIED 1.5=AVERAGE 1=VERY DISSATISFIED

	overall employer "rating"
PUBLIC EDUCATION SYSTEMS	
How do you feel about Florida's overall system of public education?	1.50
university-level education?	2.00
EMPLOYEE PREPARATION AND WORK HABITS	
How would you rate their entry-level job preparation?	2.00
How would you rate their work habits?	2.00
OVERALL OCCUPATIONAL PREPARATION	
Knowledge & understanding of counseling theory & practice.	2.00
Computation skills.	1.50
Reading skills.	2.00
Written communication skills.	2.00
Verbal communication skills.	2.00
Reasoning (logical thinking) skills.	2.00
Knowledge of:	
interviewing techniques.	2.00
medical & psychological aspects of disability groups.	2.00
Ability to:	
actively listen to others.	2.00
interview clients to identify needs & determine eligibility for vocational rehabilitation services.	2.00
assess test results.	2.00
compile, organize, & analyze medical & psychological data.	2.00
provide counseling & guidance in the area of career planning.	2.00
provide information & referral services.	2.00
locate & develop community resources.	2.00
develop individual vocational rehabilitation programs.	1.50
plan, organize, & coordinate work assignments.	2.00
establish & maintain effective working relationships with others.	2.00
demonstrate leadership and supervisory skills.	2.00

Appendix D

University Profiles

University of Florida (UF)

I. Degrees Offered

College of Health Professions
College of Liberal Arts and Sciences

Rehabilitation Counseling	BHS	MHS	
Occupational Therapy	BHS	MHS	
Communication Processes and Disorders	BA/BS	MA	PhD

II. Student Enrollment by Gender, Fall 1995

	Undergraduate			*Graduate*			*Total*
	M	F	T	M	F	T	
Rehabilitation Counseling	15	43	58	11	27	38	96
Occupational Therapy	27	248	275#	8	21	29	304
Communication Pro. and Dis.			260*			64*	324*
TOTAL	79	700	779	31	104	135	914

*University CIP was switched to 51.0204 March 1996; using total from University self-study
#University reports 177 as total for Fall, 1996

III. Degrees Awarded, 1994-95

	Bachelor's	Master's	Doctorate
Rehabilitation Counseling	29	19	
Occupational Therapy	29	12	
Communication Pro. and Dis.	128	25	6

IV. Ranked Faculty Teaching in Program, 1995-96

	Asst	Assoc	Prof	Adjunct	Other	Total
Rehabilitation Counseling		2	3			5
Occupational Therapy	3		2		3	8
Communication Pro. and Disorders	4	2	7		3	16

V. Recommendations from 1988 Allied Health Program Review

1. Undertake a study to expand enrollment in the Physician Assistant program, and to offer a master's degree with specialty tracks.
2. The administration and the SUS should consider identifying additional funds to support graduate students and make the graduate programs competitive with other like institutions.

Florida State University (FSU)

I. Degree Programs Offered

College of Education

Rehabilitation Services Program	BS	MS	PhD	
Communication Disorders	BS	MS	PhD	A
Nutrition, Food, and Movement Sciences	BS	MS		

II. Student Enrollment by Gender, Fall 1995

	Undergraduate			*Graduate*			*Total*
	M	F	T	M	F	T	
Rehabilitation Services	13	51	64	7	13	20	84
Communication Disorders	12	178	190*	2	86	88	278
Nutrition, Food, & Move. Sci.	200	353	553#	4	23	27	580
TOTAL	225	582	807	13	122	135	942

*University reports 137 total for Fall, 1995
#University reports 531 total for Fall, 1995

III. Degrees Awarded, 1994-95

	Bachelor's	Master's	Doctorate
Rehabilitation Services	31	8	1
Communication Disorders	54	22	1
Nutrition, Food, & Move. Sci.	114	5	

IV. Ranked Faculty Teaching in Program, 1995-96

	Asst	Assoc	Prof	Adjunct	Other	Total
Rehabilitation Services	1	4	7			12
Communication Disorders	1	4	5	5	3	18
Nutrition, Food, & Move. Sci.	1	9	2			12

V. Recommendations from 1988 Allied Health Program Review

1. Unless the restructured Allied Health Council can serve as a vehicle of coordination, the programs should be brought under a single identifiable administrative unit.
2. Revisit the Medical Technology Program in two years to review their progress.
3. Renovation and possible expansion of the Home Economics Building should be given high priority. In addition, consider expanding Nutrition and Food Science to the Graduate level.
4. Communicative Disorders should be designated a Program of Emphasis within the SUS.
5. The administration should consider providing adequate faculty to accommodate the year round demand of program activities. The Stone Building needs modifications to increase access for handicapped individuals.

Florida Agricultural and Mechanical University (FAMU)

I. Degree Programs Offered

School of Allied Health Sciences

Occupational Therapy	BS
Respiratory Therapy	BS

II. Student Enrollment by Gender, Fall 1995

	Undergraduate			*Graduate*			*Total*
	M	F	T	M	F	T	
Occupational Therapy	17	43	60*				60
Respiratory Therapy	12	19	31#				31
TOTAL	29	62	91				91

*University reports 106 total for Fall 1995
#University reports 96 total for Fall 1995

III. Degrees Awarded, 1994-95

	Bachelor's	Master's	Doctorate
Occupational Therapy	25		
Respiratory Therapy	8		

IV. Ranked Faculty Teaching in Program, 1995-96

	Asst	Assoc	Prof	Adjunct	Other	Total
Occupational Therapy	2	1			2	5
Respiratory Therapy	1	2			1	4

V. Recommendations from 1988 Allied Health Program Review

1. The administration should provide adequate support personnel; also, provide additional faculty to support clinical requirements for programs with a strong emphasis on clinical education.

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University of South Florida (USF)

I. Degree Programs Offered

College of Arts and Sciences

Medical Technology	BS	
Rehabilitation Counseling		MA
Communication Sciences and Disorders	BA*	MS

* Interdisciplinary Social Science Degree

II. Student Enrollment by Gender, Fall 1995

	Undergraduate			*Graduate*			*Total*
	M	F	T	M	F	T	
Medical Technology	57	102	159				159
Rehabilitation Counseling				45	127	172	172
Communication Sci. and Disorders				14	156	170	170
TOTAL	57	102	159	59	283	342	501

III. Degrees Awarded, 1994-95

	Bachelor's	Master's	Doctorate
Medical Technology	15		
Rehabilitation Counseling		39	
Communication Sci. & Disorders		86	

IV. Ranked Faculty Teaching in Program, 1995-96

	Asst	Assoc	Prof	Adjunct	Other	Total
Medical Technology Program		8	6		16	30
Rehabilitation Counseling	2		3			5
Communication Sci. & Disorders	1	2	6		11	20

V. Recommendations from 1988 Allied Health Program Review

1. The complement of allied health programs should come under a single administrative unit, closely aligned with the health center. Once these programs are adequately supported and housed under an identifiable unit, consider establishing programs in Physical Therapy and Occupational Therapy.
2. Additional faculty should be allotted to Medical Technology and Clinical Chemistry.
3. Consider authorizing a PhD in Gerontology.

Florida Atlantic University (FAU)

I. Degree Programs Offered

Department of Health Sciences

Medical Technology Program	BBMT	*as listed on Form 2 of self-study

II. Student Enrollment by Gender, Fall 1995

	Undergraduate			*Graduate*		*Total*
	M	F	T	M	F	
Medical Technology Program	36	52	88*			88

* University reports 165 total for Fall 1996

III. Degrees Awarded, 1994-95

	Bachelor's	Master's	Doctorate
Medical Technology Program	17		

IV. Ranked Faculty Teaching in Program, 1995-96

	Asst	Assoc	Prof	Adjunct	Other	Total
Medical Technology Program		1		31	9	41

V. Recommendations from 1988 Allied Health Program Review

1. The Program Director in Medical Technology should be extended a 12 month contract to meet the program needs on a year round basis.
2. Add one faculty member in Medical Technology.

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University of West Florida (UWF)

I. Degree Programs Offered

College of Science and Technology

Medical Technology Program	BS

II. Student Enrollment by Gender, Fall 1995

	Undergraduate			*Graduate*		*Total*
	M	F	T	M	F	
Medical Technology Program	4	8	12*			12

* University reports 57 total for Fall 1995

III. Degrees Awarded, 1994-1995

	Bachelor's	*Master's*	*Doctorate*
Medical Technology Program	9		

IV. Ranked Faculty Teaching in Program, 1995-96

	Asst	Assoc	Prof	Adjunct	Other	Total
Medical Technology Program	3		1	1	2	7

V. Recommendations from 1988 Allied Health Program Review

1. The administration should reinstitute the Health Services Committee to offer direction and leadership for the Medical Technology unit.

Allied Health Program Review - University Profiles

University of Central Florida (UCF)

I. Degree Programs Offered

College of Health and Public Affairs

Cardiopulmonary Sciences	BS	
Communicative Disorders	BA/BS	MA
Medical Laboratory Sciences	BS	
Radiologic Sciences	BS	

II. Student Enrollment by Gender, Fall 1995

	Undergraduate			Graduate			Total
	M	F	T	M	F	T	
Cardiopulmonary Sciences	27	39	66*				66
Communicative Disorders	66	513	579#	13	165	178	757
Medical Lab. Sciences	7	25	32^				32
Radiologic Sciences	9	13	22				22
TOTAL	109	590	699	13	165	178	877

* University reports 56 for Fall 1995
# University reports 529 for Fall 1995
^ University reports 16 for Fall 1995

III. Degrees Awarded, 1994-95

	Bachelor's	*Master's*	*Doctorate*
Cardiopulmonary Sciences	31		
Communicative Disorders	160	34	
Medical Lab. Sciences	15		
Radiologic Sciences	17		

IV. Ranked Faculty Teaching in Program, 1995-96

	Asst	Assoc	Prof	Adjunct	Other	Total
Cardiopulmonary Sciences		1	1	9	1	12
Communicative Disorders	1	3	3	5	15	27*based on narrative
Medical Lab. Sciences	1			3	1	5
Radiologic Sciences		1			2	3

V. Recommendations from 1988 Allied Health Program Review

1. Provide an adequate level of funding and a critical mass of faculty for each of the allied health programs.
2. State-of-the-art equipment should be secured to enhance the quality of clinical education.
3. Once funding, staffing and equipment issues are resolved, adjust workloads for faculty to pursue research, promotion, and tenure opportunities.
4. Efforts to develop articulation agreements between the college and AS transfer are commendable and should continue to be encouraged and nurtured.

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Florida International University (FIU)

I. Degree Programs Offered

College of Health

Dietetics and Nutrition	BS	MS	PhD
Medical Lab Sciences	BS	MS	
Occupational Therapy	BS	MS	

II. Student Enrollment by Gender, Fall 1995

	Undergraduate			*Graduate*			*Total*
	M	F	T	M	F	T	
Dietetics and Nutrition	21	106	127	3	36	39	166
Medical Lab Sciences	28	41	69*	3	8	11	80
Occupational Therapy	22	134	156**	11	57	68	224
TOTAL	71	281	352	17	101	118	470

*University Reports 39 total for Fall 1994-95
** University Reports 122 total for Fall 1995

III. Degrees Awarded, 1994-95

	Bachelor's	*Master's*	*Doctorate*
Dietetics and Nutrition	30	1	
Medical Lab Sciences	13	6	
Occupational Therapy	35	12	

IV. Ranked Faculty Teaching in Program, 1995-96

	Asst	Assoc	Prof	Adjunct	Other	Total
Dietetics and Nutrition	2	3	4	4	3	16
Medical Lab Sciences	1	4	2	5	1	13
Occupational Therapy	3	3	1	0	1	8

V. Recommendations from 1988 Allied Health Program Review

1. The Allied Health programs should be housed within a single administrative unit, the School of Health Sciences.
2. Although Dietetics and Nutrition possesses the elements to offer a doctoral program, until commitments are made for additional faculty and laboratory space, the launching of such a program should be delayed.
3. Examine the feasibility of constructing a building or identifying additional space to address the needs for laboratory space in allied health.
4. Prosthetics and Orthotics should be approved for a bachelor's degree.
5. Study the feasibility of offering a graduate degree in Physical Therapy.

Appendix E

Lead Consultant's Curriculum Vitae

(Abbreviated)

CURRICULUM VITAE

John Robert Snyder, PhD

5811 Cedar Creek Road
Apt. # 240
River Ridge, Louisiana 70123

(504)734-1086

SS# 187-40-7139

School of Allied Health Professions
Louisiana State University Medical Center
1900 Gravier Street, Suite 6B16
(504) 568-4246 FAX: (504)568-4249
E-mail: jsnyde@lsumc.edu

Date and Place of Birth: January 30, 1950; Scranton, PA

Marital Status: Married, Two Children

EDUCATION:

High School - Falls-Overfield High School (PA): Graduated June 1967

College - Keystone Junior College (PA), September 1967 - June 1968

- Wilkes College (PA), July 1968 - May 1971
  Bachelor of Science in Medical Technology Degree

Professional - Robert Packer Hospital School of Medical Technology (PA)
September 1970 - September 1971: Medical Technology Certificate

Graduate - Elmira College (NY), September 1971 - June 1975
Master of Science in Education Degree
Concentration in Biology

- Central Michigan University (MI), June 1974 - August 1976
  Master of Arts Degree in Management and Supervision
  Concentration in Health Care Administration

- University of Nebraska (NE), April 1980 - December 1982
  Doctor of Philosophy Degree in Adult Education
  Concentration in Community and Human Resources

CERTIFICATION AND REGISTRATION:

American Society of Clinical Pathologists (ASCP)

Medical Technologist:	#080982 - 1971
Hematologist:	#000114 - 1974
Specialist in Hematology	#000341 - 1976

Institute for Certified Professional Managers (ICPM)

Certified Manager	#1308 - 1982

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National Certification Agency for Medical Laboratory Personnel (NCA)
Clinical Laboratory Director #8307381 - 1983

PROFESSIONAL, ACADEMIC, AND ADMINISTRATIVE EXPERIENCE:

Louisiana State University Medical Center: 1996- present
Dean, School of Allied Health Professions: 1996-present
Professor, Medical Technology: 1996- present

Indiana University-Purdue University at Indianapolis: 1988-1996
Dean, School of Allied Health Sciences: 1991-1996
Professor, Allied Health Sciences: 1990-1996
Professor, Pathology and Laboratory Medicine: 1995-1996
Associate Dean, Indiana University School of Medicine: 1988-1996
Director, Division of Allied Health Sciences: 1988-1991
Associate Professor with tenure, Allied Health Sciences: 1988-1990
Director, Indiana Geriatric Education Center: 1990-1996

Concurrent: University of North Dakota, Department of Pathology
Clinical Assistant Professor in Medical Technology: 1989-1995

The Ohio State University, School of Allied Medical Professions
Adjunct Associate Professor in Allied Health Professions: 1989-91

The Ohio State University, College of Medicine: 1983-1988
Associate Director, School of Allied Medical Professions (SAMP): 1985-1988
Director of Allied Medicine Graduate Studies: 1986-1988
Associate Professor, Allied Medical Professions: 1986-1988
Associate Professor, Department of Pathology: 1986-1988
Granted tenure, July 1, 1986
Director, Medical Technology Division in SAMP: 1983-1986
Assistant Professor in Medical Technology and Pathology: 1983-1986
Graduate Faculty: Level I - 1983; Level II - 1984

University of Nebraska Medical Center, College of Medicine: 1979-1983
School of Allied Health Professions, Division of Medical Technology
Co-Director: 1982; Associate Program Director: 1980
Education Coordinator: 1979
Assistant Professor of Medical Technology, Pathology and Laboratory Medicine: 1980-1983
Instructor of Medical Technology and Pathology: 1979-1980
Graduate Faculty Appointment: 1983

MetPath Institute for Medical Education (NJ): 1976-1979
Program Director, School of Laboratory Medicine
Instructor in Medical Technology (non-academic rank)

Robert Packer Hospital, Department of Pathology (PA): 1973-1976
Hematology Laboratory Supervisor
Clinical Instructor of Hematology (non-academic rank)

Fairbanks Memorial Hospital (AK): 1972-73
Evenings and Call Technologist, Clinical Laboratories

Robert Packer Hospital, Department of Pathology (PA): 1971-1972
Hematology Laboratory Supervisor: 1972
Staff Medical Technologist in Clinical Chemistry: 1971-1972

GRANTSMANSHIP AND AWARDS(Selected):

"Administrative and Teaching Competencies of Allied Health Practitioners in Advanced Practice", General Diagnostics Division of Warner Lambert Corporation, Administered by the ASMT Education and Research Fund, Inc.; John R. Snyder, Principal Investigator; June, 1982; Funded $1,500.00.

"Retention of Preprofessional Allied Medicine Students", The Ohio State University Affirmative Action Grant #R03-84-016; John R. Snyder and Peggy D. Wilson, Project Co-Investigators; July, 1984; Funded $7,000.00.

"Minority Recruitment for the Allied Medical Professions: Operation Early Exposure", The Ohio State University Affirmative Action Grant #3RR01-84-005; John R. Snyder, Project Director; October, 1984; Funded $8,593.75.

"Managing Instruction in a Simulated Clinical Laboratory Using Microcomputers", Tandy Corporation TRS-80 Educational Grants Program, John R. Snyder, Project Director; March, 1985; Funded $7,404.85.

"Study of Preprofessional Allied Medicine Students' Career Planning and Counseling, The Ohio State University Career Planning Research Fund; John R. Snyder, Principal Investigator, and Barbara Bonke, Graduate Research Associate; March, 1985; Funded $250.00.

"Managerial Role Delineation for Blood Bank Specialists", American Association of Blood Banks; John R. Snyder and Melanie S. Kennedy, Co-Investigators; $9,553.00, May 1985; Funded $5,000.00.

"Enhancing the Simulation of Student Clinical Laboratories for Teaching Medical Technology Students", The Ohio State University Seed Grant; John R. Snyder, Principal Investigator, August 1985; Funded $982.00.

"Geriatric Preceptor Residency", Area Health Education Center; John R. Snyder and Clair A. Johnson, Co-Investigators; $6,234.00; Approved and funded.

"Impact and Needs Assessment of Interdisciplinary Educational Programs for Health Care Professionals Coronary Heart Disease Risk Assessment, Prevention and Management", Ohio State Small Grant, Co-investigators Kory Ward, Sally Rudmann, John Snyder, Marjorie Brunner, February, 1988; Funded $862.00.

"Allied Health Special Project," U.S. Department of Health and Human Services, 10/1/90-9/30/93; John R. Snyder, Principal Investigator and Project Director; Approved and funded: $282,208.

"Indiana Geriatric Education Center"; U.S. Department of Health and Human Services, 10/1/90-9/30/93; John R. Snyder, Principal Investigator and Director; Approved and funded: $1,016,942.

"Interdisciplinary Faculty Seminar on The Future of Health", IUPUI Faculty Development Office, 9/1/93-6/1/94; Melinda Swenson and John Snyder, Project Co-Directors; Approved and funded: $5,000.

"Development of Non-Traditional Histologic Technician Training Program", U.S. Department of Health and Human Services, 9/1/94-8/30/97; Linda M. Kasper, Project Director; John R. Snyder, Project Co-Director (grant application author, administration and coordination); Approved and funded

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$422,668.

"Indiana Health Professions Articulation and Advancement", U.S. Department of Health and Human Services, 9/1/94-8/30/97; M. Edwina Barnett, Project Director; John R. Snyder, Project Co-Director (grant application author, budget and contract management, evaluation); Approved and funded: $400,767.

"Faculty Internship in Health Policy", IUPUI Faculty Development Office, 3/1/95-10/1/95; John R. Snyder, Health Policy Fellow; $3,500.

HONORS AND AWARDS:

Hycel Graduate Scholarship in Management.
ASMT Education and Research Fund, Inc.: June, 1977.

Listed in the Medicine and Health Care Section of WHO'S WHO IN THE EAST, 17th Edition, 1979-80.

Outstanding Teacher Award, School of Allied Health Professions.
University of Nebraska Medical Center: May, 1980.

Listed in WHO'S WHO IN TECHNOLOGY TODAY, 1981 Edition,
Technology Recognition Corporation, Pittsburgh, PA.

Omicron Sigma, Honor Roll for Outstanding Service to the American Society for Clinical Laboratory Science; June, 1981, 1987, 1995.

Ortho Diagnostics Scientific Paper Award.
Nebraska Society for Medical Technology: April, 1982.

Alpha Mu Tau Scholarship for Graduate Studies.
Alpha Mu Tau Fraternity: May, 1982.

General Diagnostics Teaching Scholarship.
ASMT Education and Research Fund, Inc.: June, 1982.

Nominated for Distinguished Author Award, Journal of Allied Health: 1980, 1982.

Alpha Mu Tau Fraternity, Fellow: June, 1983. (Honorary Medical Technology Society)

Nominated for Member of the Year: June, 1983.
American Society for Medical Technology.

Phi Kappa Phi, Academic Honor Society,
The Ohio State University Chapter, Initiated May, 1985.

Article Awards Contest, Medical Laboratory Observer
Honorable Mention: 1983; 1985; 1986, 1991.

Phi Beta Delta, Honor Society for International Scholars
Alpha Epsilon Chapter (Ohio State), Inducted May 11, 1988

Collaborative Research Award, The Ohio State University, September 9, 1989

Testimony before the Subcommittee on Health and the Environment of the Committee on Energy and Commerce, House of Representatives.

One Hundred Second Congress; May 30, 1991.

American Society of Allied Health Professions, Fellow: November, 1991.

Grant Reviewer for Allied Health Special Projects, Bureau of Health Professions, U.S. Department of Health and Human Services: 1993, 1994.

Association of Schools of Allied Health Professions Board Award: November, 1993

Excellence in Research Award, School of Allied Health Sciences, Indiana University School of Medicine: May 1995.

CONSULTANT ACTIVITIES:(Recent)

1983 - 1988	Professional Advisory Committee Medical Laboratory Technology Program, Columbus Technical Institute, Columbus, OH.
1984	Medical Technology Program Consultant, College of Allied Health Professions, Temple University, Philadelphia, PA
1984 - 1988	Professional Advisory Committee, American Red Cross Blood Service/The Ohio State University Hospitals Joint SBB Program, Columbus, OH.
1985	Consultant/Evaluator, The Council of Graduate Schools in the United States, Washington, D.C.
1985 - 1987	Regional Site Coordinator/OSU Faculty Development Workshop Director, Teaching Improvement Project System (TIPS), University of Kentucky, Lexington, KY.
1986 - 1988	Program Consultant, TIPS II Funded by the W. K. Kellogg Foundation, University of Kentucky.
1987	Member, Program Advisory Board, The Nisonger Center for Mental Retardation and Developmental Disabilities (Ohio State University).
1988	External Reviewer, Medical Technology Program, University of Colorado Health Sciences Center.
1988	External Examiner, Medical Technology Program, Marquette University, Milwaukee, WI.
1989	External Reviewer, Medical Technology Program, State University of New York at Buffalo.
1993	Allied Health Lateral Review Consultant, University of Wisconsin System.
1994	External Reviewer, Department of Medical Technology, Georgia State

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University.

1994 Consultant for Graduate Education, State University of New York at Stony Brook.

1995 Consultant/Evaluator, North Central Association of Colleges and Schools, Chicago, IL.

Publications (Selected recent):

1. Snyder JR, Vittetoe MC, Estry DW, Hufford DC, Johnston V, Manuselis G, Muellenberg PA, Schoeff L, Schwabbauer M: Students' perceived sources of stress and coping strategies in clinical laboratory sciences educational programs. Clinical Laboratory Science. 1991; 4:48-53.

2. Haque S, Snyder JR: Collaborative research benefits and guidelines. Journal of Allied Health. 1991; 20:69-73.

3. Karni K, Snyder JR. Overcoming potential researchers' fears: Identifying and funding their work. Clinical Laboratory Science. 1991; 4:222-225.

4. Hamon CM, Snyder JR, Wilson SL, Speicher CE: Job satisfaction of clinical laboratory personnel under two performance-reward systems. Clinical Laboratory Science. 1991; 4:311-315.

5. Snyder JR: Assessing the legality of performance appraisals. Clinical Laboratory Management Review. 1991; 5:483-489.

6. Snyder JR: Technician or technologist: Sorting out overlapping roles in the lab. Medical Laboratory Observer. 1992; 24(6): 36-41. (non-refereed)

7. Snyder JR: Manpower needs in the year 2000: Medical technology education. Laboratory Medicine. 1992; 23(6):416-419.

8. Snyder JR: Open your doors to the disabled–It's the law. Medical Laboratory Observer. 1992; 24(8):49-53. (non-refereed)

9. Snyder JR: Sidestep legal pitfalls in employee promotion. Medical Laboratory Observer. 1992; 24(9):65-68. (non-refereed)

10. Koneman EW, Bruce AW, Snyder JR, Newell JM: Multi-site distance learning degree courses via audioteleconferencing. Clinical Laboratory Science. 1992; 5:244-247.

11. Snyder JR: Perceived value of the specialist credential in practice. Laboratory Medicine. 1993; 24:503-507.

12. Snyder JR: (Viewpoint) Is career planning an oxymoron? Medical Laboratory Observer. 1994, 25(9):7 (non-refereed).

13. Snyder JR: (Viewpoint) Professionalism: Maintaining high ground. Medical Laboratory Observer. 1994, 25(11):9 (non-refereed).

14. Snyder JR: Clinical laboratory sciences education: The past is prologue. Laboratory Medicine. 1995, 26(1):42-44.

15. Snyder JR: (Viewpoint) Reengineering the clinical lab. Medical Laboratory Observer. 1995, (non-refereed)

16. Snyder JR, Hammersberg S, Castleberry BM, et al: Developing medical laboratory curricula--A systematic approach to consensus. Laboratory Medicine. 1995.

Books Authored and Edited:

1. Snyder JR, and Spahn M: MICROSCOPIC EVALUATION OF BONE MARROW. The National Center for Continuing Education, Batavia, IL. 1981. 45 pages; 77 slides.

2. Snyder JR, and Larsen AL (eds.): ADMINISTRATION AND SUPERVISION IN LABORATORY MEDICINE; Philadelphia: Harper and Row Publishers, 1983. 32 Contributors, 28 Chapters, 554 Pages.

3. Fitzgibbon RJ, and Snyder JR: THE LABORATORY MANAGER'S PROBLEM SOLVER. Oradell, NJ: Medical Economics Books, 1985. 13 Chapters, 336 Pages.

4. Snyder JR, and Spahn M: MICROSCOPIC EVALUATION OF BONE MARROW, 2nd Edition. Dayton, OH: Kettering Medical Center, 1987. 55 Pages, 77 Slides.

5. Snyder JR, and Senhauser DL (eds.): ADMINISTRATION AND SUPERVISION IN LABORATORY MEDICINE, 2nd Edition; Philadelphia: JB Lippincott Company, 1989. 31 Chapters, 525 Pages.

6. Snyder JR (ed.). RESEARCH RESOURCE DIRECTORY. Washington, DC, American Society of Allied Health Professions, 1990. Six sections, 619 Pages.

7. Snyder JR, Wilkinson DS (eds.): MANAGEMENT IN LABORATORY MEDICINE, 3rd Edition; Philadelphia: JB Lippincott Company, 1997 (In preparation).

Editorial Roles:

1. Editorial Board: Journal of Allied Health, 1982-present.
   Contributing Editor: 1988-present.

2. Editorial Reviewer: Journal of Medical Technology 1985-87.
   Focus Editor, New sites for testing: December, 1986.

3. Editorial Advisory Board: Laboratory Medicine, 1990-present.

4. Review Board: Clinical Laboratory Science, 1994-1996.

5. Contributing Editor: Medical Laboratory Observer 1994-1995.

6. Editorial Advisory Board: Clinical Laboratory Management Review, 1995-present.

7. Editorial Board (North American Division): Journal of Interprofessional Care

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1995-present.

8. Collaborative Research in Allied Health Proceedings. Associate Editor: 1985, 1986. Editor: 1987.

9. Editor: Interdisciplinary Health Care Teams: Proceedings of the Twelfth Annual Conference, Indianapolis, 1990.

10. Editor: Interdisciplinary Health Care Teams: Proceedings of the Thirteenth Annual Conference, Baltimore, 1991.

11. Editor: Interdisciplinary Health Care Teams: Proceedings of the Fourteenth Annual Conference, Chicago, 1992.

12. Editor: Interdisciplinary Health Care Teams: Proceedings of the Fifteenth Annual Conference, Las Vegas, 1993.